

Referral Status:	MRN:
<input type="checkbox"/> New referral	<input type="checkbox"/> Order change
<input type="checkbox"/> Order Renewal	
Patient preferred clinic:	

## Lumizyme (alglucosidase alfa) Standard Plan of Treatment

### PATIENT DEMOGRAPHICS:

Date of Referral:	Patient's Phone:
Patient Name:	Address:
Date of Birth:	City, State, Zip:
Height in inches:	Weight: LB or KG
Gender:	Allergies:
<input type="checkbox"/> See list	<input type="checkbox"/> NDKA

### DIAGNOSIS: (PLEASE COMPLETE 2<sup>ND</sup> AND 3<sup>RD</sup> DIGITS TO COMPLETE ICD 10 FOR BILLING)

E74.02 - Pompe's Disease (Glycogenosis)
_____ - Other:

### REQUESTED DOCUMENTATION:

1	Insurance information	IF NO:	IF YES:
2	Most recent History & Physical	PLEASE STATE	LAST INJECTION DATE:
3	Full medication list	REQUIRED WASHOUT	NEXT INJECTION DATE:
4	Tried and failed therapies	FROM PREVIOUS	<b>IF ORDER CHANGE:</b>
5		THERAPY:	
6			
			<b>Continue current order until insurance approved</b>

### MEDICATION ORDERS:

Note: We may require MD office notes and may require a letter of Medical Necessity (depending on diagnosis), to be able to verify eligibility and payment for this treatment through patients Medicare and/or other insurance plan.

#### MEDICATION:

Lumizyme (alglucosidase alfa) given via IV diluted in \_\_\_\_\_ ml of NS (final concentration between 0.5-4mg/ml)

#### DOSE:

20mg/kg  
 Other: \_\_\_\_\_

#### FREQUENCY:

Every 2 weeks  
 Other: \_\_\_\_\_

#### SPECIAL ORDERS:

\_\_\_\_\_

#### ADMINISTRATION:

To infuse over about 4 hours per step protocol  
 Initiate at 1 mg/kg/hour. If tolerated, increase by 2 mg/kg/hour every 30 minutes to a maximum rate of 7 mg/kg/hour  
 After completion of infusion, flush line with 25ml of NS.

Rate of infusion as follows

Step 1: \_\_\_\_\_ ml/hour Step 2: \_\_\_\_\_ ml/hour

Step 3: \_\_\_\_\_ ml/hour Step 4: \_\_\_\_\_ ml/hour

Refills x 12 months unless noted otherwise here:

### LINE USE/CARE ORDERS:

- Start PIV/Access CVC
- Flush device per facility standard flushing procedure
- Provide nursing care per Palmetto Infusion Nursing Procedures and post procedure observation if indicated

### ADVERSE REACTION & ANAPHYLAXIS ORDERS:

Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders, which can be found at our website or scan here.



### PRESCRIBER INFORMATION:

PROVIDER NAME:	PHONE:
ADDRESS:	FAX:
CITY, STATE, ZIP:	NPI:

### PRESCRIBER SIGNATURE: (No stamp signatures)

### DATE

Dispense as written/Brand medically necessary	Substitution permitted