

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:

Patient Name:	
Patient's Phone:	Address:
Date of Birth:	City, State, Zip:
Height in inches:	Weight: LB or KG Gender: Allergies: See list 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:

REQUESTED DOCUMENTATION:	PREVIOUS ADMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE?
1 Insurance information	IF NO: IF YES:
2 Most recent History & Physical	PLEASE STATE LAST INJECTION DATE:
3 Full medication list	REQUIRED WASHOUT FROM PREVIOUS THERAPY: NEXT INJECTION DATE:
4 Tried and failed therapies	<b>IF ORDER CHANGE:</b> <input type="checkbox"/> <b>Continue current order until insurance approved</b>
5	
6	

### 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: \_\_\_\_\_

#### 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

#### SPECIAL ORDERS:

\_\_\_\_\_

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.

### 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