

**PATIENT INFORMATION:**

Fax completed form, insurance information, and clinical documentation to 855.889.2946

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

**Patient Status:**  New to Therapy  Continuing Therapy **Next Treatment Date:** \_\_\_\_\_

**MEDICAL INFORMATION**

**Diagnosis:**  Pompe Disease ICD-10 Code: E74.02

Patient Weight: \_\_\_\_\_ lbs. (required) Allergies: \_\_\_\_\_

**THERAPY ORDER**

**Lumizyme:**  20mg/kg IV every 2 weeks

- Premedications:**  Tylenol 1000mg PO  
 Benadryl 25mg PO  
 Solumedrol \_\_\_\_\_ mg IV  
 Other: \_\_\_\_\_

**Lab Orders:** \_\_\_\_\_ **Lab Frequency:** \_\_\_\_\_

*\* Recommended labs: periodic urinalysis, LFTs, and antibody formation*

Required labs to be drawn by:  Paragon  Referring Provider

Other orders: \_\_\_\_\_

**PROVIDER INFORMATION**

By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc. and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies, and to select the preferred site of care for the patient.

Provider Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Opt out of Paragon selecting site of care (if checked, please list site of care):

**PREFERRED LOCATION**

City: \_\_\_\_\_ State: \_\_\_\_\_

View our locations here:



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**REQUIRED DOCUMENTATION FOR REFERRAL PROCESSING & INSURANCE APPROVAL**

- Include signed and completed order (MD/prescriber to complete page 1)
- Include patient demographic information and insurance information
- Include patient's medication list
- Supporting clinical notes to include any past tried and/or failed therapies, intolerance, benefits, or contraindications to conventional therapy
  - Confirmation of Pompe Disease by one of the following **(please attach)**:
    - Absence or deficiency of the enzyme acid alpha-glucosidase
    - Molecular genetic testing showing a deletion or mutation of the GAA gene
  - Documentation of presence of clinical signs and symptoms of Pompe Disease
- Include labs and/or test results to support diagnosis
- Other medical necessity: \_\_\_\_\_

Paragon Healthcare will complete insurance verification and submit all required documentation for approval to the patient's insurance company for eligibility. Our team will notify you if any additional information is required. We will review financial responsibility with the patient and refer him/her to any available co-pay assistance as needed. Thank you for the referral.