



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	February 21, 2018

LUMIZYME® (alglucosidase alfa)

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

- Must have a documented diagnosis of Pompe's disease (documented in the progress notes or health conditions)

DOSING and ADMINISTRATION:

20 mg/kg IV over 4 hours, every 2 weeks; administer infusion in a stepwise manner as tolerated