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MRN:____________________

Phone: 1-800-809-1265 Fax: 1-866-872-8920

DOB:____________________

Standard Plan of Treatment for Alpha-1-Antitrypsin Deficiency Therapy

NOTE: *We may require a detailed Letter of Medical Necessity or clinical supporting documentation (depending on diagnosis), to be able to verify eligibility and payment for this treatment through Medicare and/or other insurance plans.*

1. Patient Name: ___________________________________Height (inches): _____Weight (lbs):_____

2. Allergies: ____

3. Primary Diagnosis: **E88.01 Alpha-1-antitrypsin deficiency**

Secondary ICD-10 Code: ________Diagnosis description: ______________________________________

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4. Orders:

☐ Glassia®_____ mg/kg (+/- 10%) IV over ____ minutes via pump with filter as directed

☐ Prolastin-C® _____ mg/kg (+/- 10%) IV over ____ minutes via pump with filter as directed

☐ Aralast NP™ _____ mg/kg (+/- 10%) IV over ____ minutes via pump with filter as directed

5. Frequency: Orders to be completed every ☐ 1 Week ☐ other:______________________

Special Orders: ____

____

____

If adverse drug reaction occurs, utilize the ADVERSE DRUG REACTION GUIDELINES

6. Physician's Signature: ______________________/ ______________________Date: _____________

No Stamp Signatures (Dispense as written) (Substitution permitted)

Printed Physician's Name with Credentials: ____NPI: ____________________

7. Fax updated supporting clinical MD notes with each order renewal or change in orders

Infusion order forms and Adverse Drug Reaction Guidelines are available at www.palmettoinfusion.com

Revised 02/04/18

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Guidelines for Prescribing Alpha-1-Antitrypsin Deficiency Therapy

(Required documentation with all initial referrals)

Patient Name: ____ **Referral Date:**____________________

___ Include signed and completed **Plan of Treatment**. *(MD must complete sections 1-7)*
(Infusion order forms & Standard Adverse Reactions orders are available at www.palmettoinfusion.com under Agency/MD tab)

___ Include patient demographic information and insurance information. (Copy of insurance cards if available)

___ **Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any lab results and/or tests to support diagnosis such as Alpha-1 antitrypsin (AAT) protein blood testing, genetic testing results, Pulmonary Function Tests, and/or CT scanning.**

___ Other as requested: ____
____

Pre-Screening:

___ **IgA level (Therapy is contraindicated in individuals with selective IgA deficiencies who have a known antibody against IgA, since they may experience severe reactions)**

** Warnings/Precautions: Adverse Events to Alpha 1-Proteinase Inhibitor augmentation therapy: Before beginning therapy, a patient should be tested for IgA deficiency, a hereditary condition that makes potentially severe allergic reactions to plasma products more likely. Therapy is contraindicated in individuals with selective IgA deficiencies who have a known antibody against IgA, since they may experience severe reactions, including anaphylaxis. Product is derived from human plasma, it may carry a risk of transmitting infectious agents, e.g., viruses and theoretically, the Creutzfeldt-Jakob disease (CJD) agent. It is suggested that immunization against both Hepatitis A and B be considered for all Alphas to reduce the risk of liver injury. Therapy can be started independent of whether or when hepatitis vaccine will be given. Pregnancy/Breastfeeding: Discussion and risk evaluation should be discussed prior to start of therapy. See full prescribing information.

Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.

Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.