

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

## Alpha-1-Antitrypsin Deficiency 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"/> NKDA

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

E88.01 - Alpha-1-antitrypsin deficiency	J43.8 - Other emphysema
J43.2 - Pan lobular emphysema	J43.1 - Centrilobular emphysema
_____ - Other:	

### REQUESTED DOCUMENTATION:

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

### MEDICATION ORDERS:

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.

### MEDICATION/DOSE:

Glassia® 60mg/kg (+/- 10%) IV over at least 15 - 30 minutes via pump with filter as directed  
 Other dose: \_\_\_\_\_

Prolastin-C® 60mg/kg (+/- 10%) IV over at least 15 - 30 minutes via pump with filter as directed  
 Other dose: \_\_\_\_\_

Aralast NP™ 60mg/kg (+/- 10%) IV over at least 15 - 30 minutes via pump with filter as directed  
 Other dose: \_\_\_\_\_

If vial size is not within 10% of the patients dose, the dose will be rounded up to the nearest whole vial size

### FREQUENCY:

Every 1 week.  
 Other: \_\_\_\_\_

### SPECIAL/LAB ORDERS:

\_\_\_\_\_



Refills x 12 months unless noted otherwise here:

### NURSING 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