

Alpha1-Proteinase Inhibitor

Glassia, Prolastin-C, Zemaira



InfusionForHealth.com
Ph: 888-777-1945 | Fax: 805-852-2636

Date: _____ Treatment Location: _____

PROVIDERS: Please include the following to expedite the order.

Most Recent Office Visit Note, Medication List, Insurance Info
Positive evident emphysema testing results due to severe hereditary deficiency of Alpha1-Pl,
also known as alpha1-antitrypsin (AAT) deficiency

PATIENT INFORMATION

Patient Name: _____

Patient Contact Number: _____

DOB: _____

Allergies: _____

Weight: _____ lbs / kg Height: _____

Diagnosis: J44.0 J44.1 J43.1 J43.2 J42 J45
 K74.6g E88.01

Other Dx/ICD10: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____

Signature: _____

NPI: _____ Date: _____

Phone: _____ Fax: _____

Office Address: _____

Contact Person: _____

Contact Email: _____

The following medications will be administered per prescribing information:

Center will use Hypersensitivity protocol established by Infusion for Health and P.I.

- | | | | | | | |
|--|--------------------------------|--------------------------------|--------------------------------|-----------------------------|--------------------------------------|------------------------------|
| <input type="checkbox"/> Diphenhydramine | <input type="checkbox"/> 25mg | <input type="checkbox"/> 50mg | <input type="checkbox"/> PO | <input type="checkbox"/> IV | <input type="checkbox"/> Other _____ | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> 325mg | <input type="checkbox"/> 500mg | <input type="checkbox"/> 650mg | PO | <input type="checkbox"/> Other _____ | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Methylprednisolone | <input type="checkbox"/> 40mg | <input type="checkbox"/> 125mg | | IV | <input type="checkbox"/> Other _____ | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Normal Saline Bolus | <input type="checkbox"/> 250mL | <input type="checkbox"/> 500mL | | IV | <input type="checkbox"/> Other _____ | <input type="checkbox"/> N/A |

ALPHA1-PROTEINASE INHIBITOR (HUMAN) (GLASSIA) DOSAGE

Patient Weight in KG: _____

60mg/kg once a week infusion

Dose: _____

Route: IV

To ensure that a brand name product be dispensed, the prescriber must handwrite "Brand Medically Necessary" on prescription form. If not indicated, Infusion for Health is authorized to administer generic or biosimilar.

Lab Orders: List: _____

Prior to first appointment Other Frequency: _____

Please check this box if you **DO NOT** authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

Please check this box if you **DO NOT** authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.