

# PROLASTIN-C LIQUID Prescription and Enrollment Form

Fax completed form to: 1-866-588-6940



## PATIENT INFORMATION

Patient first name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_ SSN (last 4 digits only) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  F  M  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Best contact number \_\_\_\_\_  Home  Mobile  Work Email address \_\_\_\_\_

## INSURANCE INFORMATION *Please attach a copy of both sides of all patient's medical and prescription insurance card(s)*

Check if patient does not have insurance

Primary insurance \_\_\_\_\_ Secondary insurance \_\_\_\_\_  
Insurance contact number \_\_\_\_\_ Insurance contact number \_\_\_\_\_  
Policy ID# \_\_\_\_\_ Policy ID# \_\_\_\_\_  
Group ID# \_\_\_\_\_ Group ID# \_\_\_\_\_  
Policy holder full name \_\_\_\_\_ Policy holder full name \_\_\_\_\_  
Relationship to patient \_\_\_\_\_ Relationship to patient \_\_\_\_\_

### Steps to e-Prescribe PROLASTIN-C LIQUID

1. Fax in the PROLASTIN-C LIQUID prescription and enrollment form
  2. Prescribe PROLASTIN-C LIQUID
  3. Choose EVERSANA and/or EVERSANA LIFE SCIENCE SERVICES as the dispensing pharmacy
- EVERSANA is the exclusive dispensing pharmacy for PROLASTIN-C LIQUID**

## MEDICAL INFORMATION *Please include a copy of patient's clinical notes*

**ICD-10 Diagnosis**  Alpha<sub>1</sub>-Antitrypsin Deficiency E88.01  Panlobular Emphysema J43.1  Other \_\_\_\_\_  
**AAT Phenotype/Genotype**  PiZZ  PiZ (null)  Pi (null, null)  PiSZ  Other \_\_\_\_\_ FEV<sub>1</sub> \_\_\_\_\_ % predicted DLCO \_\_\_\_\_ % predicted  
**Serum AAT Level** \_\_\_\_\_ mg/dL or \_\_\_\_\_ μM **Allergies**  None or  Specify \_\_\_\_\_  
**Treatment History** Has patient ever received augmentation therapy?  Yes  No If yes, which therapy? \_\_\_\_\_  
**Medical History**  COPD  Asthma  Emphysema  Other \_\_\_\_\_  
**Concurrent medications** \_\_\_\_\_ **Vascular access**  Peripheral  Central  Port

**Smoking History**  
 Yes  No  
If yes, date stopped? \_\_\_\_/\_\_\_\_/\_\_\_\_

## PROLASTIN-C LIQUID PRESCRIPTION INFORMATION

Dose	Directions	Quantity/Refills
<input type="checkbox"/> 60 mg/kg (+/- 10%) IV once weekly <input type="checkbox"/> Other dose/frequency _____ Patient weight _____ <input type="checkbox"/> lb <input type="checkbox"/> kg	Rate: As tolerated by patient up to 0.08 mL/kg/min <input type="checkbox"/> Other rate _____	<input type="checkbox"/> Dispense up to 28-day supply. Refill x1 year unless otherwise noted <input type="checkbox"/> Other _____

Epinephrine injection into the muscle from auto-device as needed for severe allergic reaction or anaphylaxis  
 EMLA or lidocaine 2.5%/prilocaine 2.5%: Apply 2.5 g over 20-25 cm<sup>2</sup> of skin surface at least 1 hour prior to puncture  
 Premedication/other orders: \_\_\_\_\_

Intravenous access and flush orders:	<input type="checkbox"/> Peripheral IV line	<input type="checkbox"/> Implanted port/central line (each lumen)
	<input type="checkbox"/> Normal saline: 3-5 mL before infusion and 3-5 mL after infusion <input type="checkbox"/> Other _____	Normal saline: 5-10 mL before infusion and 5-10 mL after infusion Heparin: 100 units/mL, 5 mL after infusion, and _____ (frequency)

First infusion location preference:  Home or  Medical facility (name, phone of preferred facility, if any): \_\_\_\_\_

First infusion in home nursing orders:  
Establish primary IV line with 250-500 mL of normal saline or  Other \_\_\_\_\_ at KVO rate prior to infusion  
Monitor patient including VS before, Q15 during, and 30 minutes post infusion  
Diphenhydramine 25-50 mg IV as directed by nurse for allergic reaction

Provide infusion supplies, including syringes and needles, to safely administer prescribed medication.

## PRESCRIBER INFORMATION

Prescriber first name \_\_\_\_\_ Prescriber last name \_\_\_\_\_ NPI# \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Office contact name \_\_\_\_\_ Office contact phone \_\_\_\_\_ Office contact fax \_\_\_\_\_  
Office contact email address \_\_\_\_\_

By signing below, I authorize this prescription and certify that the therapy described above is medically necessary and that the information provided is accurate to the best of my knowledge. I also attest that I have obtained the patient's authorization to release the above information and such other personal information as may be necessary to PROLASTIN DIRECT, EVERSANA, and/or their agents. If the patient is 18 years old or younger, I attest that I have obtained permission from the patient's legal guardian.

Prescriber Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Dispense as Written* *Substitution Permitted*

To reach the PROLASTIN DIRECT care team, call 1-800-305-7881. Hours of Operation: 7 am to 7 pm CST.  
Please see Important Safety Information on the next page and accompanying full Prescribing Information for PROLASTIN-C LIQUID.

## PRIOR AUTHORIZATION CHECKLIST

Please note that the information listed below outlines what is typically required for insurance to review the patient's eligibility. If any of the following information is not provided, it may delay approval or be cause for a denial.

### NEW DIAGNOSIS OF AATD

#### Required documentation for insurance review

##### (A) Laboratory work

- AAT serum concentration  
Most major insurance policies define acceptable levels as:  
≤11 μM (11 μmol/L) or 80 mg/dL by radial immunodiffusion or  
<50 mg/dL if measured by nephelometry
- Phenotype or Genotype  
PiZZ  
PiZ (null)  
Pi (null, null)  
PiSZ  
Other: One-on-one discussion may be required with the  
insurance plan medical director

##### (B) Most recent clinical and diagnostic test results Documenting history of Emphysema

- Patient's medical records demonstrating diagnosis of AATD and clinical evidence of emphysema/worsening of emphysema due to lung disease exacerbations
- Diagnostic imaging-chest X-ray, CT scan
- Evidence of lung function decline- forced expiratory volume (FEV) and pulmonary function test (PFT)
- Patients clinical notes
- Smoking history

#### May be required by insurance plan for approval

##### Supplemental documentation

- Letter of Medical Necessity
- Peer-reviewed articles supporting diagnosis and treatment
- IgA antibody results (may be required for certain insurance plan approvals)

## IMPORTANT SAFETY INFORMATION

PROLASTIN®-C LIQUID is an alpha<sub>1</sub>-proteinase inhibitor (human) (alpha<sub>1</sub>-PI) indicated for chronic augmentation and maintenance therapy in adults with clinical evidence of emphysema due to severe hereditary deficiency of alpha<sub>1</sub>-PI (alpha<sub>1</sub>-antitrypsin deficiency).

### Limitations of Use

- The effect of augmentation therapy with any alpha<sub>1</sub>-PI, including PROLASTIN-C LIQUID, on pulmonary exacerbations and on the progression of emphysema in alpha<sub>1</sub>-PI deficiency has not been conclusively demonstrated in randomized, controlled clinical trials
- Clinical data demonstrating the long-term effects of chronic augmentation or maintenance therapy with PROLASTIN-C LIQUID are not available
- PROLASTIN-C LIQUID is not indicated as therapy for lung disease in patients in whom severe alpha<sub>1</sub>-PI deficiency has not been established

PROLASTIN-C LIQUID is contraindicated in immunoglobulin A (IgA)-deficient patients with antibodies against IgA or patients with a history of anaphylaxis or other severe systemic reaction to alpha<sub>1</sub>-PI products.

Hypersensitivity reactions, including anaphylaxis, may occur. Monitor vital signs and observe the patient carefully throughout the infusion. If hypersensitivity symptoms occur, promptly stop PROLASTIN-C LIQUID infusion and begin appropriate therapy.

Because PROLASTIN-C LIQUID is made from human plasma, it may carry a risk of transmitting infectious agents, eg, viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent, and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent. This also applies to unknown or emerging viruses and other pathogens.

The most common adverse reactions during PROLASTIN-C LIQUID clinical trials in >5% of subjects were diarrhea and fatigue, each of which occurred in 2 subjects (6%).

Please see accompanying full Prescribing Information for PROLASTIN-C LIQUID.