



E-prescribe the *Fast & Easy* way: select **BioPlus** from your EHR!
Alpha - 1 Antitrypsin Deficiency Referral Form Fax: **866-523-5406**
 Phone: 800-829-3975
 bioplusinfusion.com

Ship To: In Office Infusion Suite At Home Other _____

PATIENT INFORMATION

Patient Name:	SSN:	DOB:		
Address:	City:	State:	Zip:	
Home Phone:	Height:	Weight:	Gender:	Male Female
Cell Phone:	Email Address:			

INSURANCE INFORMATION (or attach copy of cards)

Primary Insurance Co:	Policy Holder:	Relationship:	Policy #:	Group #:
Secondary Insurance:	Policy Holder:	Relationship:	Policy #:	Group #:

CLINICAL INFORMATION (Fax all pertinent clinical and lab information)

Primary Diagnosis : E88.01 Alpha-1 antitrypsin deficiency ICD 10: E88.01 _____
 Secondary Diagnosis: _____ ICD 10: E88.01 _____
 Allergies: NKDA Other _____ Clinically Evident Emphysema: Yes No
 FEV1: _____ Serum A1AT levels (pretreatment): _____ md/ dl or _____ micro M
 First time receiving Alpha 1 therapy? Yes No If No, previous product used: _____ Last Dose Given: _____ Next Dose Due: v
 Lab Orders: _____

PRESCRIPTION INFORMATION (or attach a copy of the prescription)

MEDICATION	DIRECTIONS	QUANTITY	REFILLS
ARALAST	<input type="checkbox"/> Infuse 60 mg per kg (+/- 10%) intravenously weekly where clinically appropriate, round to the nearest vial size <input type="checkbox"/> Other _____	<input type="checkbox"/> 4 week supply <input type="checkbox"/> 12 week supply	<input type="checkbox"/> 1 year <input type="checkbox"/> Other
GLASSIA	<input type="checkbox"/> Infuse 60 mg per kg (+/- 10%) intravenously weekly where clinically appropriate, round to the nearest vial size <input type="checkbox"/> Other _____	<input type="checkbox"/> 4 week supply <input type="checkbox"/> 12 week suppl	<input type="checkbox"/> 1 year <input type="checkbox"/> Other

Pre-Medication

Diphenhydramine
 25 mg capsule: 1-2 capsules by mouth 15-30 minutes before each infusion Decline
 Other _____ Strength: _____
 Directions: _____
 Other _____ Strength: _____
 Directions: _____

Vascular Access Device:

Peripheral Catheter PICC Port
 Other (describe/# of lumens): _____
Flush Orders: (If IV ordered the following flush protocols will be followed)
 Sodium Chloride 0.9%
 Peripheral Line: 3 ml before each dose and 3 ml after each dose and prn
 Central Line: 5 - 10 ml before each dose and 5 -10 ml after each dose and prn
 Heparin 10 u/ml Peripheral Line: 3 ml after last sodium flush and prn
 Heparin 100 u/ml Central Line: 5 ml after last sodium flush and prn
 Provide needles, syringes, VAD supplies & other ancillary supplies needed for infusion

As required by your state, Prescriber to check "Dispense as written" or handwritten "Brand Medically Necessary" and sign to prevent generic substitution. Dispense as written

NURSING

Nursing Agency: _____ Phone: _____
 Skilled nursing visit as needed to establish venous access, administer medication and assess general status and response to therapy.
 To provide education related to disease process. To provide an assessment of patient's general overall health status. To provide skilled nursing visits PRN for additional education and support.

PHYSICIAN INFORMATION

Prescriber Name:	Phone:	Fax:
Office Contact:	Email:	
Address:		
NPI #:	Tax ID #	
Prescriber Signature:	Date	

Your signature authorizes BioPlus Specialty Pharmacy Services LLC, and their network of pharmacies, MedScripts Medical Pharmacy, River Medical Pharmacy, Route 300 Pharmacy, and Santa Barbara Specialty Pharmacy (the "BioPlus Pharmacies"), to act on your behalf to obtain prior authorization, including appeals and peer to peer reviews, for the prescribed medications We will also pursue available copay and financial assistance on behalf of your patients. **BioPlus Specialty Pharmacy** 376 Northlake Blvd., Altamonte Springs, FL 32701 **BioPlus Specialty Pharmacy** 100 Southcenter Ct., Suite 100, Morrisville, NC 27560
BioPlus Specialty Pharmacy 13925 Yale Ave, Suite 145, Irvine, CA 92620 **MedScripts Medical Pharmacy** 1325 Miller Rd., Suite K, Greenville, SC 29607
River Medical Pharmacy 4752 Research Drive, San Antonio, TX 78240 **Route 300 Pharmacy** 1208 Route 300, Suite 103, Newburgh, NY 12550
Santa Barbara Specialty Pharmacy 4690 Carointeria Ave, Ste B, Carpinteria, CA 93013

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Sales Person: