BioPlus® Infusion
A CAREPATHrx Company

E-prescribe the *Fast & Easy* way: select **BioPlus** from your EHR!

ALPHA - 1 ANTITRYPSIN DEFICENCY REFERRAL FORM

Fax: 866-523-5406
Phone: 800-829-3975
bioplusrx.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: _____
Allergies: ☐ NKDA ☐ Other_____ **Clincially 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: _____
Lab Orders: _____

PRESCRIPTION INFORMATION (or attach a copy of the prescription)

MEDICATION	DIRECTIONS	QUANTITY	REFILLS
ARALAST	☐ Infuse 60mg per kg (+/– 10%) intravenously weekly (where clinicallyappropriate, round to the nearest vial size) ☐ Other _____	☐ 4 week supply ☐ 12 week supply	☐ 1 year ☐ Other
GLASSIA	☐ Infuse 60mg per kg (+/– 10%) intravenously weekly (where clinicallyappropriate, round to the nearest vial size) ☐ Other _____	☐ 4 week supply ☐ 12 week suppl	☐ 1 year ☐ Other
ZEMAIRA	☐ Infuse 60mg per kg (+/– 10%) intravenously weekly (where clinicallyappropriate, round to the nearest vial size) ☐ Other _____	☐ 4 week supply ☐ 12 week suppl	☐ 1 year ☐ 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 handwrite "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 and IG therapy. To provide an assessment of patient's general overall health status. To provide skilled nursing visits PRN for additional education

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, and Route 300 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 Pharacy 376 Northlake Blvd., Altamonte Springs, FL 32701 **BioPlus Specialty Pharmacy** 100 Southcenter Ct., Suite 100, Morrisville, NC 27560
BioPlus Specialty Pharmacy 13925 Yale Ave, Suite145, 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

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Sales Person: