Zarina Pharmacy
SPECIALTY & INFUSION

Skip this form & e-prescribe! Select Zarina Pharmacy from your EHR

ALPHA-1 ANTITRYPSIN DEFICIENCY

Fax: 832-886-4298
Phone: 832-886-4296
zarinapharmacy.com

Ship To/Site of Care: ☐ **In Office** ☐ **Infusion Suite** ☐ **At Home** ☐ **Other**_____

PATIENT INFORMATION

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

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):_____mg/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 60 mg per kg (+/– 10%) intravenously weekly where clinically appropriate, round to the nearest vial size ☐ Other_____	☐ 4 week supply ☐ 12 week supply	☐ 1 year ☐ Other
GLASSIA	☐ Infuse 60 mg per kg (+/– 10%) intravenously weekly where clinically appropriate, round to the nearest vial size ☐ Other_____	☐ 4 week supply ☐ 12 week supply	☐ 1 year ☐ Other

Anaphylaxis Kit Order (Infusion Reaction Management x1/year)
STOP INFUSION IMMEDIATELY. Administer reaction management medications.

- Acetaminophen (Tylenol) 500 mg PO every 4 hours PRN myalgia or fever > 101.3
- Diphenhydramine (Benadryl) 25 mg IV every 4 hours PRN urticarial, pruritus, or shortness of breath.
- If symptoms are rapidly progressing or continue after the diphenhydramine: give epinephrine (1:1,000 strength) 0.3 mL SUBQ. May repeat every 10-15 mins.

Notify Physician immediately for any new onset of the following life threatening hypersensitivty reactions to include fever, chills, dyspnea, pruritus, urticarial, convulsions, erythematous rash, hypotension, back pain, sudden chest pain, or hypertension. Call 911 as appropriate.

☐ **Diphenhydramine 50 mg/1 mL**
IM/ IV Dose: Adult = 10-50 mg per dose every 24 hours to a maximum of 400 hours. Administer as an IV push over 5 minutes.

☐ **Epinephrine 1:1000 (1 mg/1 mL)**
SUBQ Dose: Adult = 0.2-0.5 mL per dose every 15-30 minutes for 3-4 doses or every 4 hours as needed.

Pre-Medication
Diphenhydramine
☐ 25 mg capsule: 1-2 capsules PO 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 units/mL** Peripheral Line: 3 mL after last sodium flush and PRN
☐ **Heparin 100 units/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 Visits for Immune Globulin Intravenous administration and education. To provide education related to the 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 and support.

PHYSICIAN INFORMATION

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