PROLASTIN DIRECT® alpha$_1$-proteinase inhibitor (human) 1.800.305.7881

EVERSANA™

READY-TO-INFUSE PROLASTIN® C LIQUID alpha$_1$-proteinase inhibitor (human)

Fax to 1-866-588-6940
PROLASTIN-C LIQUID Prescription and Enrollment Form/SMN

Patient Information

Patient Name *(Last, First)* _____

Last four digits of Social Security # _____ Gender ☐ Male ☐ Female Date of Birth _____

Address _____ Apt _____ City _____ State _____ Zip _____

Home Phone _____ Best Time/Day _____ PROLASTIN DIRECT Hours of Operation: 7 am–7 pm CST

Cell/Other Phone _____ Email Address _____

Please attach front and back copy of patient's insurance cards.

Medical Information

ICD-10 Diagnosis: ☐ Alpha$_1$-Antitrypsin Deficiency E88.01 ☐ Panlobular Emphysema J43.1 ☐ Other _____

AAT Phenotype: _____ FEV$_1$_____% predicted DLCO_____% predicted Serum AAT Level _____mg/dL _____μM

Weight _____lb *OR* _____kg Allergies ☐ None *OR* ☐ Specify _____

Steps to e-Prescribe PROLASTIN-C LIQUID

1. Fax in the PROLASTIN-C LIQUID Prescription and Enrollment Form/SMN
2. Prescribe PROLASTIN-C LIQUID Intravenous Solution
3. Choose EVERSANA as the dispensing pharmacy

*EVERSANA is the exclusive dispensing pharmacy for PROLASTIN-C LIQUID

Attach documentation of the following medical information:

History/Physical Summary
Most Recent PFTs Including FEV$_1$
IgA Levels
Last Chest X-ray or CT Scan
AAT Phenotype or Genotype Lab Report
Hepatitis B Immunization

PROLASTIN-C LIQUID Prescription/Orders

PROLASTIN-C LIQUID (alpha$_1$-proteinase inhibitor [human]) Number of Refills: 12 months *Dispense up to a 30-day supply* ☐ Other Number of Refills _____

Dosage: 60 mg/kg (+/- 10%) IV weekly *OR* ☐ Other dose/frequency _____

Rate: As tolerated by patient up to 0.08 mL/kg/min *OR* ☐ Other rate _____

☐ Epinephrine Inj Auto 0.3 mg/0.3 mL. Inject from autodevice, prn, for allergic reaction

☐ EMLA or lidocaine 2.5%/prilocaine 2.5%: Apply 2.5 g over 20-25 cm^2 of skin surface at least 1 hour prior to puncture

☐ Premedication/Other orders: _____

Monitor patient including VS before, Q15 during, and 5 minutes post infusion

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

Skilled nursing visits for medication administration, assessment, and teaching

Intravenous Access and Flush Orders:

☐ Peripheral IV line — Normal saline: 3-5 mL before infusion and 3-5 mL after infusion *OR* ☐ Other _____

☐ Implanted Port/Central Line *(each lumen)* — Normal saline: 5-10 mL before infusion and 5-10 mL after infusion

Heparin: 100 units/mL, 5 mL after infusion, and _____ *(frequency)*

First Dose Location Preference(s): ☐ Home *OR* ☐ Medical facility *(name, phone of preferred facility, if any)*: _____

List of facilities where physician has privileges: _____

First Dose in Home 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 for severe allergic reaction or anaphylaxis

Physician/Office Information

Physician Name *(print)* _____ Office Phone _____

Address _____ Suite _____ Office Fax _____

City _____ State _____ Zip _____

Office Contact Person _____ Phone _____ NPI# _____

Office Contact Person Email Address _____

By signing below, I 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.

Physician Signature _____ _____ Date _____

Substitution Permitted *Dispense as Written*

Fax completed form and documentation to 1-866-588-6940. To reach the PROLASTIN DIRECT team, call 1-800-305-7881.

Please see Important Safety Information on back and accompanying full Prescribing Information for PROLASTIN-C LIQUID.

 Revised October 2020 RD-5-01c US-PRL-2000163

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Documentation Checklist

Please fax the following documentation to the PROLASTIN DIRECT team so that we can start the insurance authorization process on your patient's behalf

1. Completed PROLASTIN-C LIQUID Prescription and Enrollment Form/SMN
2. Front and back copy of patient's insurance cards
3. History / Physical Summary
4. Last Chest X-ray diagnostic report
5. Most recent Pulmonary Function Report including FEV_1
6. AAT Lab Reports:
    a) Serum AAT Level
    b) AAT Phenotype or Genotype*
        *Note: If you have both genotype and phenotype results, you may provide both, but insurance plans usually only require one of the two.

Fax completed form and documentation to 1-866-588-6940. To reach the PROLASTIN DIRECT team, call 1-800-305-7881.

Important Safety Information

PROLASTIN®-C LIQUID is an $alpha_1$-proteinase inhibitor (human) ($alpha_1$-PI) indicated for chronic augmentation and maintenance therapy in adults with clinical evidence of emphysema due to severe hereditary deficiency of $alpha_1$-PI ($alpha_1$-antitrypsin deficiency).

Limitations of Use

- The effect of augmentation therapy with any $alpha_1$-PI, including PROLASTIN-C LIQUID, on pulmonary exacerbations and on the progression of emphysema in $alpha_1$-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 $alpha_1$-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 $alpha_1$-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.

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