PROLASTIN DIRECT℠
Alpha$_1$-Proteinase Inhibitor (Human) 1.800.305.7881

EXAMPLE FORM FOR ILLUSTRATION ONLY

DOHMEN LIFE SCIENCE SERVICES

PROLASTIN-C Prescription and Enrollment Form

Fax to 1-866-588-6940

Patient Information

Patient Name *(Last, First)* Doe, John

Social Security # 123 - 456 - 7891 Gender ☐ Male ☐ Female Date of Birth 01/01/1960

Address 123 Main St Apt _____ City Anywhere State MO Zip 12345

Home Phone (123) 456-7891 Cell / Other Phone (123) 456-7891

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

Important to attach

These are the two most common diagnosis codes for Alpha-1. Both should be checked if appropriate.

Medical Information

Diagnosis: ☐ **Alpha$_1$ Antitrypsin Deficiency 273.4** ☐ **Emphysema 492.8** ☐ **Other** _____

AAT Phenotype: PiZZ FEV1 65 % predicted Serum AAT Level 15 mg/dL or _____ µM

Weight 160 lb *OR* _____ kg Allergies ☐ None *OR* ☐ Specify _____

Enter phenotype or genotype. Patient could have a phenotype or genotype other than PiZZ.

Attach documentation of the following medical information:

- History / Physical Summary
- Most Recent PFTs Including FEV1
- Last Chest X-ray
- AAT Phenotype or Genotype Lab Report

Important to attach

PROLASTIN-C Prescription / Orders

PROLASTIN-C (alpha$_1$ proteinase inhibitor, human) Number of Refills: 12 months *Dispense up to a 30 day supply*

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 _____

Reconstitute as directed in package insert

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

☐ Premedication / other orders: _____

☐ EpiPen® 0.3 mg. Inject from autodevice, prn, for allergic reaction

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

Example checkmarks show the most common orders.

Intravenous Access & Flush Orders:

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

☐ Implanted Port/Central Line *(each lumen)* — Normal saline: 5-10 mL before infusion & 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)*: Local Medical Center (123) 456-7891

Check either or both. If both are checked, Centric will explore both options.

☐ First Dose in Home Orders:

Establish primary IV line with 250 mL of ☐ Normal Saline *OR* ☐ D5W compatible solution 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

Premedication/other orders: _____

Physician / Office Information

Physician Name *(print)* John Smith, MD Office Phone (123) 456-7891

Address 123 Example Rd. Suite 100 Office Fax (123) 456-7891

City Anywhere State MO Zip 12345

Office Contact Person Mary Jones, RN Phone (123) 456-7891 NPI# 1234567891

By signing below, I certify that the therapy described above is medi… vided 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 suc… essary to PROLASTIN DIRECT, Dohmen Life Science Services, and/or their agents. If the patient is 18 years old or younger, I attest that I have obtained …n.

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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 about Prolastin-C on back.

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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 Prescription and Enrollment Form
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 FEV1
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 (alpha$_1$-proteinase inhibitor [human]) is indicated for chronic augmentation and maintenance therapy in adults with clinically evident emphysema due to severe deficiency of alpha$_1$-proteinase inhibitor (alpha$_1$-antitrypsin deficiency).

The effect of augmentation therapy with any alpha$_1$-proteinase inhibitor (alpha$_1$-PI), including PROLASTIN-C, on pulmonary exacerbations and on the progression of emphysema in alpha$_1$-antitrypsin 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 are not available.

PROLASTIN-C is not indicated as therapy for lung disease in patients in whom severe alpha$_1$-PI deficiency has not been established.

PROLASTIN-C is contraindicated in IgA-deficient patients with antibodies against IgA due to risk of hypersensitivity.

Hypersensitivity reactions may occur. Should evidence of hypersensitivity reaction be observed, promptly stop infusion and begin appropriate therapy.

PROLASTIN-C may contain trace amounts of IgA. Patients with known antibodies to IgA, which can be present in patients with selective or severe IgA deficiency, have a greater risk of developing potentially severe hypersensitivity and anaphylactic reactions. PROLASTIN-C is contraindicated in patients with antibodies against IgA.

The most common drug-related adverse reaction observed at a rate of $>$ 5% in subjects receiving PROLASTIN-C was upper respiratory tract infection. The most serious adverse reaction observed during clinical trials with PROLASTIN-C was an abdominal and extremity rash in 1 subject.

Because PROLASTIN-C is made from human plasma, it may carry a risk of transmitting infectious agents, eg, viruses and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent.

Please see accompanying PROLASTIN-C full Prescribing Information for complete prescribing details.

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