

C1 esterase inhibitor [human]

Treatment Location: Dublin, OH Lancaster, OH

**PROVIDERS:** Please include the following to expedite the order: Patient Demographics, Insurance Information, Clinical Documentation Supporting Diagnosis including any Relevant labs or Diagnostic Testing, Most Recent Office Visit Note

**PATIENT INFORMATION** Referral Status:  New Referral  Updated Order  Order Renewal

Date: Patient Name: Patient Phone: DOB:

ICD-10 code (required):  D84.1 ICD Description:

Allergies: Weight (lbs/kg): Height:

Patient Status:  New to Therapy  Continuing Therapy Last Treatment Date: Next Due Date:

**PROVIDER INFORMATION**

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip:

**NURSING**

Center will use Hypersensitivity protocol established by Infuse One Ohio

Patient Has a History of:

Use of Oral Contraceptives  Use of Androgens

Morbidly Obese  Immobile

Underlying Atherosclerosis  Thrombosis

Indwelling Venous Catheter/Access Device

**PRE-MEDICATION ORDERS**

Pre-medications not usually indicated.

Diphenhydramine  25mg /  50mg  PO /  IV

Acetaminophen  325mg /  500mg /  650mg PO

Other: \_\_\_\_\_

Dose: Route: Frequency: \_\_\_\_\_

**THERAPY ADMINISTRATION**

Cinryze Intravenous Infusion

Adults and Adolescents (12 years old and above)

Dose: 1,000 IU every \_\_\_\_\_ days

Adjusted Dose: \_\_\_\_\_ IU/kg every \_\_\_\_\_ days

• Doses up to 2,000 IU (not exceeding 80 IU/kg) every 3 or 4 days may be considered based on individual patient response.

Children (6-11 years old)

Dose: 500 IU every \_\_\_\_\_ days

Adjusted Dose: \_\_\_\_\_ IU/kg every \_\_\_\_\_ days

• Doses up to 1,000 IU every 3 or 4 days may be considered based on individual patient response.

Refills:  Zero /  for 12 months /  \_\_\_\_\_

(if not indicated order will expire one year from date signed)

*To ensure that a brand name product is dispensed, the prescriber must handwrite "Brand Medically Necessary" on the prescription form. If not indicated, Infuse One Ohio is authorized to administer a generic or biosimilar.*

Provider Name (Print) Provider Signature Date

Please check this box if you DO NOT authorize Infuse One Ohio to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.