Immunoglobulin Therapy Enrollment Form

Patients must bring an original prescription to the pharmacy. Faxed prescriptions will only be accepted from a prescribing practitioner.

PATIENT INFORMATION

Patient Name: ____________________

Address: ____________________

City, State, Zip: ____________________

Primary Phone: __________ DOB: __________

Alternate Phone: __________ Gender: ☐ Male ☐ Female

Email address: ____________________

Last 4 digits SS#: __________

PRESCRIBER INFORMATION

Name: ____________________

State License #: __________ NPI #: __________

DEA #: ____________________

Address: ____________________

City, State Zip: ____________________

Phone: __________ Fax: __________

Contact Person: __________ Phone: __________

INSURANCE INFORMATION

If available, please fax copy of prescription insurance cards with this form (front and back).

PRESCRIPTION INFORMATION (or attach copy of your script)

MEDICATION

- ❑ Carimune NF
- ❑ Flebogamma 5% DIF
- ❑ Gammagard Liquid 10% (IV and SubQ)
- ❑ Gammagard S/D
- ❑ Gammaked (IV and SubQ)
- ❑ Gammaplex
- ❑ Gamunex-C (IV and SubQ)
- ❑ Hizentra (SubQ)
- ❑ Octagam 5%, 10%
- ❑ Privigen 10%
- ❑ BIVIGam
- ❑ Flebogamma 10% DIF
- ❑ Other:

Allergies:

Previous IVIG Treatment: ❑ Yes ❑ No

If yes, please list medications:

Therapy Start Date:

Length of Therapy:

Date of last infusion:

Directions:
Administer _____ mg per kg (+ or - 10%) OR _____ gms every _____ days
Other Regimen: ____________________

❑ Do Not Substitute **Refills:** ____ times (as allowed by state or payor requirements)

Administration Rate: Follow manufacturer guidelines
Other: ____________________

Route of Administration: ❑ IV ❑ Subcutaneous

Delivery Method: ❑ Gravity ❑ Pump

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: 3ml before each dose and 3ml after each dose and prn.
Central Line: 5-10ml before each dose and 5-10ml after each dose and prn.

Heparin 10u/ml
Peripheral Line: 3ml after last sodium flush and prn

Heparin 100u/ml
Central Line: 5ml after last sodium flush and prn

Provide needles, syringes, VAD supplies & other ancillary supplies needed for infusion

Anaphylactic Kit:

Diphenhydramine 50mg/1ml
IM/IV Dose: Adult = 10 – 50 mg per dose every 2 – 4 hours to a Maximum of 400 mg over 24 hours. Administer as an I.V. Push over 5 minutes

Epinephrine 1:1000 (1mg/1ml)
SQ Dose: Adult = 0.2 – 0.5 ml per dose every 15 – 30 minutes For 3 – 4 doses or every 4 hours as needed.

NURSING SERVICES

❑ In Office ❑ At Home ❑ Other ____________________

❑ Nursing Agency: ____________________ Phone: __________

ICD-10 Codes and Diagnosis

- ☐ C91.10 Chronic Lymphocytic Leukemia
- ☐ D80.1 Hypogammaglobulinemia
- ☐ D80.4 Selective IgM Deficiency
- ☐ D80.3 Other Selective Immunoglobulin Deficiency
- ☐ D80.0 Bruton's X-Linked Agammaglobulinemia
- ☐ D80.5 Hyper IgM
- ☐ D83.9 Common Variable Immunodeficiency (CVID)
- ☐ D83.8 Other Deficiency of Humoral Immunity
- ☐ D82.0 Wiskott-Aldrich Syndrome
- ☐ D80.7 Transient hypogammaglobulinemia of infancy
- ☐ D81.9 Combined immunodeficiency, unspecified
- ☐ D81.1 Combined immunodeficiency, with Low B or T Cell Numbers
- ☐ Z94.81 Bone Marrow replaced by Transplant (BMT)
- ☐ B20 HIV
- ☐ Other ICD-10 (ICD-10 code and description) ____________________

To Physician: By signing this form and utilizing our services, you are also authorizing pharmacy to serve as your prior authorization agent in dealing with medical and prescription insurance companies, and co-pay assistance foundations.

Signature: | Date:

CONFIDENTIALITY NOTICE

IMPORTANT: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, proprietary or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.