

IVIg (Immune Globulin 10%)



Alyglo, Asceniv, Gamunex-C, Gammagard, Privigen, Bivigam, Octagam, Panzyga

Treatment Location: Dublin, OH Lancaster, OH

PROVIDERS: Please include the following to expedite the order:

Patient Demographics, Insurance Information, All Clinical Documentation Supporting the Diagnosis Including any Previous or Current Therapies, Pertinent Labs, or Diagnostic Testing, Most Recent Office Visit Note, Recent Labs (CMP)

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Patient Name: Patient Phone: DOB:

ICD-10 code (required): D80. ___ D83. ___ G61.8___ M33.10 D69.3 _____ 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

PRE-MEDICATION ORDERS

Pre-Medications not usually indicated.

Diphenhydramine 25mg / 50mg PO / IV
 Acetaminophen 325mg / 500mg / 650mg PO
 Other: _____
Dose: _____ Route: _____ Frequency: _____

THERAPY ADMINISTRATION

Immune Globulin 10%
Infuse One Ohio will administer 10% unless otherwise specified

Dose: _____ g/kg
 _____ mg/kg
 _____ grams (fixed dose)

Route: IV / SQ
Only Gamunex-C and Gammagard are available for SQ administration

Frequency: _____

Preferred Brand: _____

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.

Refills: Zero / for 12 months / _____
(if not indicated order will expire one year from date signed)

SPECIAL INSTRUCTIONS:

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.