

Patient Information

Patient Name: _____ DOB: _____ Phone: _____

Patient Status: ☐ New to Therapy ☐ Continuing Therapy **Date of last infusion:** _____

ICD-10 code (required): _____ **ICD-10 description:** _____

Patient Weight: _____ lbs. Height: _____ Diabetic? ☐ Yes ☐ No If obese, use adjusted body wt? ☐ Yes ☐ No

Allergies: _____ Brand previously used: _____

Therapy Order
☐ **IV** ☐ **SubQ** **Pharmacist to identify clinically appropriate brand/infusion rates. May substitute based on product availability.**

Loading Dose (as applicable)	_____	<input type="checkbox"/> mg/kg	x _____ day(s) OR divided over _____ day(s)	<input type="checkbox"/> One time dose <input type="checkbox"/> Other: _____ <i>*Give maintenance dose _____ weeks after loading dose*</i>
	_____	<input type="checkbox"/> gm/kg		
	_____	<input type="checkbox"/> grams		
Maintenance Dose	_____	<input type="checkbox"/> mg/kg	x _____ day(s) OR divided over _____ day(s)	<input type="checkbox"/> Q _____ weeks x1 yr <input type="checkbox"/> Other: _____
	_____	<input type="checkbox"/> gm/kg		
	_____	<input type="checkbox"/> grams		

- ☐ Do not substitute. Administer brand: _____
- Infuse entire contents of Ig infusion bag/vial(s) per current dose
 - If needed, round dose to nearest whole 5 gm vial for IV doses and nearest single-use vial size for subQ doses

Pre-Medication Orders: to be administered 15-30 minutes before infusion

- ☒ Acetaminophen 650mg PO ☒ Diphenhydramine 25-50mg PO
☐ Solu-Medrol _____ mg IVP ☐ Normal Saline 500mL IV ☐ Quzyttir 10mg IVP ☐ Cetirizine 10mg PO
☐ Loratadine 10mg PO ☐ Diphenhydramine 25mg IV ☐ Other: _____

Flushing Protocol
☒ Sodium Chloride 0.9% 5-10 mL per SASH protocol

☐ Heparin 3-5 mL per SASH protocol

Determined by IV access: PIV (50 u/mL) OR Port/PICC (500 u/mL)

Anaphylactic Reaction Orders:

- Epinephrine (based on patient weight)
 - >30 kg (>66lbs): EpiPen® 0.3mg use as directed for anaphylaxis; may repeat in 5-10 minutes x1
 - 15-30kg (33-66lbs): EpiPen® 0.15mg use as directed for anaphylaxis; may repeat in 5-10 minutes x1
 - Diphenhydramine - Administer 25-50mg orally OR IV (adult), refer to provider orders or policy for pediatric dose
 - NS 500 mL IV bolus as needed for IVIg therapy (adult), refer to provider orders or policy for pediatric bolus
- Flush orders:** NS 1-20mL pre/post infusion PRN and Heparin 10U/mL or 100U/mL per protocol as indicated PRN

***For AmeriPharma Use Only**

Drug/Brand Selection: _____ Date: _____

NP/Pharmacist Name: _____ NP/Pharmacist Signature: _____

Provider Information

Provider Name: _____ Provider's Signature: _____ Date: _____

Provider NPI: _____ Phone: _____ Fax: _____ Contact Person: _____

☐ Opt out of AmeriPharma selecting site of care (if checked, please list site of care): _____

I authorize AmeriPharma Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

City

State

**Required Documentation for Insurance Approval
General Requirements**

- Patient demographics
- Insurance information
- All applicable diagnoses
- History and physical
- Recent progress notes within 12 months
- Patient's height and weight
- Drug allergies
- Physician Orders

**Common Variable Immunodeficiency (CVID)/
Hypogammaglobulinemia / Parkinson's Disease (PD)**

- Lab last showing Ig levels and subclasses Ig levels
- Documentation of recurrent infections
- History of antibiotic usage - showing failure to respond to antibiotics
- Documented inadequate response to pneumococcal vaccine or tetanus/diphtheria

**Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) /
Guillain-Barré Syndrome (GBS)**

- Labs
- Nerve conduction study, electromyography (EMG)
- Nerve and/or muscle biopsy (if available)
- Nerve conduction velocity (NCV) test results
- Tried and failed treatments
- Spinal tap (if available)

Myasthenia Gravis

- Exacerbation
- Any history of crisis
- Thymectomy
- Any symptoms that affect respiration, speech or motor function
- Tried and failed treatments

Please fax all information to (877) 778-0399 or call (877) 778-0318 for assistance.