



INFUSION ORDERS- IVIG (IMMUNOGLOBULIN)

PATIENT INFORMATION

Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS

New Referral
 Dose or Frequency Change
 Order Renewal

INFUSION OFFICE PREFERENCES (Optional)

Preferred Location*:

*List of infusion center locations may be found at: <https://metroinfusioncenter.com/infusion-center-locations/>

Please note: Requests will be accommodated based on infusion center availability and are not guaranteed.

DIAGNOSIS AND ICD 10 CODE

Diagnosis: _____ ICD 10 Code: _____

REQUIRED DOCUMENTATION

<input type="checkbox"/> This signed order form by the provider <input type="checkbox"/> Patient demographics AND insurance information <input type="checkbox"/> Serum Ab Titers to pneumococcus or tetnus/diphtheria, when applicable	<input type="checkbox"/> Clinical/Progress notes supporting primary diagnosis <input type="checkbox"/> Labs and Tests supporting primary diagnosis <input type="checkbox"/> IgG level and subclass test results, when applicable
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List Tried & Failed Therapies, including duration of treatment:

- 1)
- 2)
- 3)

MEDICATION ORDERS

IVIG Brand (Choose one)	<input type="checkbox"/> Gammagard 10% <input type="checkbox"/> Other: _____ If Hyqvia (subcutaneous injection) is preferred, please refer to website for Hyqvia form.
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Weight-Based Dosing** (Dose may change with fluctuations in weight)	<i>Please indicate frequency in the blank space provided.</i> <input type="checkbox"/> 0.4 gm/kg IV _____ <input type="checkbox"/> 1 gm/kg IV _____ <input type="checkbox"/> 2 gm/kg IV _____ <input type="checkbox"/> Other: _____
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Flat Dosing	<input type="checkbox"/> _____ gm IV _____
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Patient Weight = _____ kg** Note: If patient is obese, ideal body weight (IBW) should be used

Refills: X 6 months X 1 year _____ doses

**Patient weight is required for weight-based orders

All IVIG infusion rates will be titrated as recommended in prescribing information.

PRESCRIBER INFORMATION

Prescriber Name:		
Office Phone:	Office Fax:	Office Email:
Prescriber Signature:		Date:

All information contained in this order form is strictly confidential and will become part of the patient's medical record.
Contact us with questions at: (877) 448-3627
Fax Completed Form and all documentation to: 866-507-1164



DIAGNOSIS and ICD 10 CODES- For Reference Only

<p>B25.0 Cytomegaloviral pneumonitis B25.1 Cytomegaloviral hepatitis B25.2 Cytomegaloviral pancreatitis B25.8 Other cytomegaloviral diseases C90.00 Multiple myeloma not having achieved remission C90.02 Multiple myeloma in relapse C91.10 Chronic lymphocytic leukemia of B-cell type not having achieved remission C91.11 Chronic lymphocytic leukemia of B-cell type in remission C91.12 Chronic lymphocytic leukemia of B-cell type in relapse D59.0 Drug-induced autoimmune hemolytic anemia D59.1 Other autoimmune hemolytic anemias D69.3 Immune thrombocytopenic purpura D69.42 Congenital and hereditary thrombocytopenia purpura D69.49 Other primary thrombocytopenia D80.0 Hereditary hypogammaglobulinemia D80.1 Nonfamilial hypogammaglobulinemia D80.5 Immunodeficiency with increased immunoglobulin M [IgM] D81.0 Severe combined immunodeficiency [SCID] with reticular dysgenesis D81.1 Severe combined immunodeficiency [SCID] with low T- and B-cell numbers D81.2 Severe combined immunodeficiency [SCID] with low or normal B-cell numbers D81.6 Major histocompatibility complex class I deficiency D81.7 Major histocompatibility complex class II deficiency D81.89 Other combined immunodeficiencies D81.9 Combined immunodeficiency, unspecified D82.0 Wiskott-Aldrich syndrome D83.0 Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function D83.2 Common variable immunodeficiency with autoantibodies to B- or T-cells D83.8 Other common variable immunodeficiencies D83.9 Common variable immunodeficiency, unspecified G25.82 Stiff-man syndrome G35 Multiple sclerosis G60.3 Idiopathic progressive neuropathy G61.0 Guillain-Barre syndrome G61.82 Multifocal motor neuropathy G65.0 Sequelae of Guillain-Barre syndrome G70.00 Myasthenia gravis without (acute) exacerbation G70.01 Myasthenia gravis with (acute) exacerbation G70.81 Lambert-Eaton syndrome in disease classified elsewhere G73.1 Lambert-Eaton syndrome in neoplastic disease G73.3 Myasthenic syndromes in other diseases classified elsewhere M30.3 Mucocutaneous lymph node syndrome [Kawasaki] M31.1 Thrombotic microangiopathy M33.00 Juvenile dermatomyositis, organ involvement unspecified M33.01 Juvenile dermatomyositis with respiratory involvement</p>	<p>M33.02 Juvenile dermatomyositis with myopathy M33.09 Juvenile dermatomyositis with other organ involvement M33.10 Other dermatomyositis, organ involvement unspecified M33.11 Other dermatomyositis with respiratory involvement M33.12 Other dermatomyositis with myopathy M33.19 Other dermatomyositis with other organ involvement M33.20 Polymyositis, organ involvement unspecified M33.21 Polymyositis with respiratory involvement M33.22 Polymyositis with myopathy M33.29 Polymyositis with other organ involvement M33.90 Dermatopolymyositis, unspecified, organ involvement unspecified M33.91 Dermatopolymyositis, unspecified with respiratory involvement M33.92 Dermatopolymyositis, unspecified with myopathy M33.99 Dermatopolymyositis, unspecified with other organ involvement M34.83 Systemic sclerosis with polyneuropathy M36.0 Dermato(poly)myositis in neoplastic disease T86.01 Bone marrow transplant rejection T86.02 Bone marrow transplant failure T86.09 Other complications of bone marrow transplant T86.11 Kidney transplant rejection T86.12 Kidney transplant failure T86.19 Other complication of kidney transplant T86.21 Heart transplant rejection T86.22 Heart transplant failure T86.298 Other complications of heart transplant T86.5 Complications of stem cell transplant Z48.21 Encounter for aftercare following heart transplant Z48.22 Encounter for aftercare following kidney transplant Z76.82 Awaiting organ transplant status Z86.19 Personal history of other infectious and parasitic diseases Z87.01 Personal history of pneumonia (recurrent) Z94.0 Kidney transplant status Z94.1 Heart transplant status Z94.81 Bone marrow transplant status Z94.84 Stem cells transplant status</p>
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Codes listed in this chart are considered medically necessary by Medicare. Other insurances may or may not cover the codes listed above.

All information contained in this order form is strictly confidential and will become part of the patient’s medical record. Contact us with questions at: (877) 448-3627 Fax Completed Form and all documentation to: 866-507-1164