

**IVIG and General Immune Disorders  
Enrollment Form**

**Century Specialty Script**  
**Fax Referral To: 877-521-5353**  
**Phone: 800-521-3949**



Date: \_\_\_\_\_  
 Current Patient  New Patient

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender:  M  F

**PRESCRIBER INFORMATION**

Prescriber Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 DEA#: \_\_\_\_\_ NPI#: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

**INSURANCE INFORMATION (Please attach the front and back of insurance and prescription drug card)**

Primary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_ Group: \_\_\_\_\_  
 Secondary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_ Group: \_\_\_\_\_  
 Prescription Card: \_\_\_\_\_ ID#: \_\_\_\_\_ BIN: \_\_\_\_\_ PCN: \_\_\_\_\_ Group: \_\_\_\_\_

**DIAGNOSIS (ICD-10)**

**Neurological**

- G61.81 Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)
- G61.8 Multifocal Motor Neuropathy (MMN)
- G61.0 Guillian-Barre  G25.82 Stiff-Person Syndrome
- G35 Multiple Sclerosis  M33.20 Polymyositis
- G70.01 Myasthenia Gravis w/Exacerbation
- Other: \_\_\_\_\_

**Immunological**

- Primary Immune Deficiency – **Please specify ICD-10 Code:** \_\_\_\_\_
- D80.9 Deficiency of Humoral Immunity
- D83.9 Common Variable Immunodeficiency
- D89.9 Immune Mechanism Disorder  D81.9 Immune Deficiency NOS
- D69.3 Idiopathic Thrombocytopenia  D80.1 Hypogammaglobulinemia
- Other: \_\_\_\_\_

**CLINICAL INFORMATION (Please attach all clinical information, lab results, and other medical history documents)**

Patient Weight: \_\_\_\_\_ Kg/Lbs Height: \_\_\_\_\_ Inches/CM Allergies: \_\_\_\_\_  
 Has patient previously received IVIG  Yes  No Line Access:  PIV  PICC  PORT Needs by Date: \_\_\_\_\_

**Medication**

**Dose**

**Directions**

**Intravenous**

- Gammagard® Liq. 10%  Bivigam® 10%
- Gamunex-C® 10%  Flebogamma® 10%
- Gammaked® 10%  Flebogamma® 5%
- Privigen® 10%  Octagam® 5%
- Gammplex® 5%  Octagam® 10%
- Gammagard® S/D  Other: \_\_\_\_\_

\_\_\_\_\_ grams OR \_\_\_\_\_ gram(s) per kg  
 (Pharmacy to round to nearest vial size)  
 Infuse total dose OVER \_\_\_\_\_ day(s); Every  
 \_\_\_\_\_ week(s) for:  
 1 month  3 months  6 months  12 months  
 Other \_\_\_\_\_

Infuse total dose of Immunoglobulin intravenously based on manufacturer recommend infusion rate as tolerated.  
 Infuse via:  
 Infusion Pump  Gravity

**Medication**

**Dose**

**Directions**

**Subcutaneous**

- Gammagard® Liq. 10%
- Gamunex-C® 10%
- Gammaked® 10%
- Hizentra® 20%
- HyQvia® 10%

\_\_\_\_\_ grams OR \_\_\_\_\_ gram(s) per kg  
 (Pharmacy to round to nearest vial size)  
 Infuse total dose OVER \_\_\_\_\_ day(s); Every  
 \_\_\_\_\_ week(s) for:  
 1 month  3 months  6 months  12 months  
 Other \_\_\_\_\_

Infuse total dose of Immunoglobulin subcutaneously in one or more infusion sites via infusion pump based on manufacturer recommend infusion rate as tolerated.  
 Other: \_\_\_\_\_

**Premedication** to be given 30 minutes prior to infusion:

- Diphenhydramine 25-50 mg po – 25mg #2 per dose
- Diphenhydramine 25-50 Slow IV-Push – 50mg vial #1 per dose
- Acetaminophen 325-650 mg po – 325mg #2 per dose
- Ketorolac 30mg Slow IV-Push – 30mg/ml vial #1 per dose
- LMX-4 Cream – apply topically to insertion site as needed. #1 tube
- Other: \_\_\_\_\_

**IV Access Flush Order / EpiPen® Order: (Infusion supplies per pharmacy protocol)**

- NaCl 0.9% 5-10ml IV before and after infusion
- Heparin 10 units/ml 3-5ml IV after infusion for peripheral access and PRN
- Heparin 100 units/ml 3-5ml IV after infusion for central IV access and PRN
- All infusion supplies necessary to administer the medication
- EpiPen® 0.3mg auto-injector for severe anaphylactic reaction for patient weighing ≥ 30kg. EpiPen Jr. ® 0.15mg for patients weighing under 30kg

By signing below, I certify that above therapy is medically necessary. **Prescriber's Signature (SIGN BELOW)**

Dispense as Written

Date

Substitution Allowed

Date