

Immunoglobulin referral form



Optum Infusion Pharmacy Phone: 1-877-342-9352 Fax: 1-888-594-4844

Page 1 of 2

✂ Please detach before submitting to a pharmacy - tear here.

IG specialist: Name:

Phone:

Patient information

see attached PEDIATRIC (younger than 13 years or less than 45kg in weight).

Patient name:

Gender: M F DOB:

Last 4 of SSN:

Address:

City:

State:

ZIP:

Phone:

Cell:

Emergency contact:

Phone:

Relationship:

Insurance: Front and back of insurance cards attached.

Primary Insurance:

Phone:

Policy #:

Group:

Secondary Insurance:

Phone:

Policy #:

Group:

Medical assessment

Primary diagnosis ICD-10 code (required):

Height in inches:

Weight **in kg only**:

Date weight (in kg) obtained:

Current medications? Yes No If yes, list here or attach a list:

Allergies:

Prescription and orders Medication, x1 year infused per the drug PI recommended rate and via rate controlled device per therapy

Immune Globulin:

No preference

Preferred product:

Dose will be rounded to the nearest vial size available.

Directions:

Infuse IV

Infuse SC

Titrate per manufacturer guidelines or as written:

Initial loading:

gm/kg divided over

days every

weeks; OR

gm/day x

days every

weeks.

Maintenance:

gm/kg divided over

days every

weeks; OR

gm/day x

days every

weeks.

Other:

Quantity/Refills: 1-month supply; refill x 12 months unless otherwise noted Other:

Pharmacy to dispense flushes, needles, syringes and HME/DME in quantity sufficient to complete therapy as prescribed.

Premedication: Dispense PRN x 1 year (select below):

Drug	Patient Type	Dose	Dispense detail	Directions
DiphenhydrAMINE	Adult & Pediatric >30kg	50mg	Dispense 25mg capsules or tablets #100	Administer PO 30 minutes prior to IG. May repeat once if symptoms occur.
	Pediatric 15-30kg	25mg	Dispense 25mg/10mL oral solution 120mL	
	Pediatric <15kg	12.5mg	Dispense 12.5mg/5mL oral solution 120mL	
Acetaminophen	Adult & Pediatric >30kg	325mg	Dispense 325mg tablets or 325mg/10.15mL unit dose oral solution #100 doses	Administer PO 30 minutes prior to IG. May repeat once if symptoms occur.
	Pediatric 15-30kg	160mg	Dispense 160mg tablets #30 or 160mg/5mL oral solution 120mL	
	Pediatric <15kg	80mg	Dispense 80mg/2.5mL oral solution 120mL	
Hydration - Sodium Chloride 0.9%, (specify volume and rate).	Adult & Pediatric	Volume mL	Dispense bag(s) for infusion #QS	Infuse IV prior to IG, at a rate of: up to 250mL/hr up to 500mL/hr up to 900mL/hr
Lidocaine-Prilocaine Cream 2.5%	SCIG & Pediatric	n/a	Dispense 30Gm	Apply pea size amount topically to needle site(s) PRN.
Other, specify				

Lab Draw Orders x1 year (specify): CMP monthly other

Serum creatinine/BUN monthly other

Other lab (specify):

Frequency once monthly other

Lab work to be obtained via IV access using aseptic technique. If RN is not able to draw labs from a central catheter, the labs may be drawn peripherally. RN to flush IV access after each blood draw with Sodium Chloride 0.9% 20 mL and use Heparin 10 units/mL 5mL (if port use Heparin 100 units/ml, 5ml) as final lock for patency.

Please fax both pages of this completed form with a copy of any medical history and labs relevant to the prescribed therapy.

This form is not a valid prescription in Arizona or New York.

Immunoglobulin referral form



Optum Infusion Pharmacy Phone: 1-877-342-9352 Fax: 1-888-594-4844

Page 2 of 2

✂ Please detach before submitting to a pharmacy - tear here.

Patient name:

DOB:

Nursing orders:

RN to complete assessment and administer IVIG via ambulatory pump or teach SCIG self-administration via appropriate pump (e.g., syringe, ambulatory). RN to insert/maintain/remove peripheral IV (PIVC) or access central venous catheter as needed using aseptic technique. RN to rotate PIVC as needed for signs of infiltration/irritation. Flush PIVC with Sodium Chloride 0.9% 5mL pre infusion and post infusion.

If port, RN to access with non-coring port needle using sterile technique. De-access after infusion and apply sterile pressure gauze and transparent dressing to site. RN to use sterile field Sodium Chloride 0.9% 10mL with needle change. Flush port with Sodium Chloride 0.9% 10mL pre infusion and post infusion. Use Heparin 100units/mL 5mL as final lock for patency. Flush port on treatment day, at least once monthly, and PRN to maintain line patency. Discontinue port maintenance upon discontinuation of pharmacy services.

Anaphylaxis/infusion reaction management orders: Dispense PRN x 1 year

Therapy Type	Drug	Patient Type	Dose	Dispense detail	Directions*
IVIG	DiphenhydrAMINE (for mild to severe symptoms)	Adult & Pediatric >30kg	50mg	Dispense 25mg capsules or tablets #4	For <u>mild</u> symptoms, RN to slow infusion rate by 50% until symptoms resolve. Administer diphenhydrAMINE PO x1. May repeat once if symptoms persist. For <u>moderate</u> to <u>severe</u> symptoms, RN to stop infusion. Administer diphenhydrAMINE slow IV push at rate not to exceed 25mg/minute. May repeat x1 if symptoms persist. For <u>moderate</u> symptoms, resume at 50% previous rate IF symptoms resolve.
				Dispense 50mg vial for injection #1	
		Pediatric 15-30kg	25mg	Dispense 25mg/10mL oral solution 120mL	
				Dispense 50mg vial for injection #1	
		Pediatric <15kg	12.5mg	Dispense 12.5mg/5mL oral solution 120mL	
				Dispense 50mg vial for injection #1	
IVIG	EPINEPHrine (for severe symptoms)	Adult & Pediatric >30kg	0.3mg/0.3mL	Dispense 1mg vial for injection #2	For <u>severe</u> symptoms (anaphylaxis), stop infusion. Disconnect tubing from access device to prevent further administration. Activate 911. Administer EPINEPHrine as an IM injection into the lateral thigh. Repeat EPINEPHrine in 5 to 15 minutes if symptoms persist. Initiate Sodium Chloride 0.9% IV. Administer CPR if needed until EMS arrives. Contact prescriber to communicate patient status.
		Pediatric 15-30kg	0.15mg/0.15mL	Dispense 1mg vial for injection #2	
		Pediatric 7.5kg-15kg	0.1mg/0.1mL	Dispense Autoinjector Pen 0.1mg (PED) #2	
SCIG	EPINEPHrine (for severe symptoms)	Adult & Pediatric >30kg	0.3mg/0.3mL	Dispense Autoinjector Pen 0.3mg #2	For <u>severe</u> symptoms (anaphylaxis), stop infusion. Disconnect tubing from access device to prevent further administration. Activate 911. Administer EPINEPHrine as an IM injection into the lateral thigh. Repeat EPINEPHrine in 5 to 15 minutes if symptoms persist. Initiate Sodium Chloride 0.9% IV. Administer CPR if needed until EMS arrives. Contact prescriber to communicate patient status.
		Pediatric 15-30kg	0.15mg/0.15mL	Dispense Autoinjector Pen JR 0.15mg #2	
		Pediatric 7.5-15kg	0.1mg/0.1mL	Dispense Autoinjector Pen 0.1mg (PED) #2	
IVIG	Sodium chloride 0.9% (for severe symptoms)	Adult & Pediatric	500mL	Dispense 500mL bag #1	For severe symptoms administer as IV gravity bolus (1000mL/hour).
IVIG	Other, specify				

*Mild symptoms include flushing, dizziness, headache, apprehension, sweating, palpitations, nausea, pruritus, and/or throat itching.

Moderate symptoms include chest tightness, shortness of breath, >20 mmHg change in systolic blood pressure from baseline, and/or increase in temperature (>2°F).

Severe symptoms include >40 mmHg change in systolic blood pressure from baseline, increase in temperature with rigors, shortness of breath with wheezing, and/or stridor.

Physician information

Name: _____ Practice: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Phone: _____ Fax: _____ NPI: _____ Contact: _____

By signing, I certify/recertify that the above therapy, products and services are medically necessary and that this patient is under my care. I have received authorization to release the above referenced information and medical and/or patient information relating to this therapy. Pharmacy has my permission to contact the insurance company on my behalf to obtain authorization for patient.

Substitution permissible signature _____ Dispense as written signature _____ Date _____

Please fax both pages of this completed form with a copy of any medical history and labs relevant to the prescribed therapy.

This form is not a valid prescription in Arizona or New York.