



IMMUNOGLOBULIN (IG) IV AND SUBQ ORDERS

P: 877.365.5566 | F: 855.889.2946

PATIENT INFORMATION: Fax completed form, insurance information, and clinical documentation to 855.889.2946

Patient Name: _____ DOB: _____ Phone: _____

Patient Status: New to Therapy Continuing Therapy **Next Treatment Date:** _____

MEDICAL INFORMATION

ICD-10 Code (required): _____ ICD-10 description: _____

Patient Weight: _____ lbs. (required) Height: _____ Diabetic Yes No

Allergies: _____

First Dose: Yes No Date of Last Infusion: _____ Brand previously used: _____

THERAPY ORDER

Ig Orders: IV _____ gm/kg divided over _____ day(s)
 Sub Q _____ mg/kg divided over _____ day(s)
_____ grams divided over _____ day(s)

Frequency: Repeat dose every _____ weeks for 1 year
 Repeat dose every _____ weeks for _____ weeks total

- **Pharmacist to identify clinically appropriate Ig brand and infusion rates. May substitute based on product availability.**
 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 500mg PO Normal Saline 500mL IV
- Cetirizine 10mg PO Solu-Medrol _____ mg IVP
- Diphenhydramine 25mg PO Other: _____
- Loratadine 10mg PO

Lab Orders: _____ **Lab frequency:** Each infusion Other: _____

Required labs to be drawn by Paragon Healthcare Referring Provider

Anaphylactic Reaction Orders:

- Epinephrine (based on patient weight)
 - >30kg (>66lbs): EpiPen® 0.3mg or compounded syringe IM or subQ; may repeat in 5-10 minutes x 1
 - 15-30kg (33-66lbs): EpiPen® 0.15mg or compounded syringe IM or subQ; may repeat in 5-10 minutes x 1
- 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 PARAGON USE ONLY

Drug/Brand Selection: _____ Date: _____

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

PROVIDER INFORMATION Orders are good for one year from the signature date

By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc. and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies, and to select the preferred site of care for the patient.

Provider Name: _____ Signature: _____ Date: _____

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

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

SERVICE AREAS

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- Houston Huntsville Kansas City Knoxville Montgomery Nashville Oklahoma City
- Orlando San Antonio St. Louis Tampa West Texas

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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
- Plus one of the following

**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