BioPlus® Infusion
A CAREPATHrx Company

E-prescribe the *Fast & Easy* way: select **BioPlus Specialty Pharmacy** from your EHR!

IVIG Referral Form

Fax: 866-523-5406
Phone: 800-829-3975
bioplusrx.com/infusion

Ship To: ☐ In Office ☐ Infusion Suite ☐ At Home ☐ Other_____

PATIENT INFORMATION

Patient Name:	SSN:		DOB:
Address:	City:	State:	Zip:
Home Phone:	Height:	Weight:	Gender: ☐ Male ☐ Female
Cell Phone:	Email Address:		

INSURANCE INFORMATION (or attach copy of cards)

Primary Insurance Co:	Policy Holder:	Relationship:	Policy #:	Group #:
Secondary Insurance:	Policy Holder:	Relationship:	Policy #:	Group #:

CLINICAL INFORMATION (fax all pertinent clinical and lab information)

Diagnosis (ICD-10): _____ Date of Diagnosis: _____

Pemphigus L10.0 CIDP G61.81 Peripheral Neuropathy G60.9 MMN G61.82 Multiple Sclerosis G35 Acute Infective Polyneuritis/GBS G61.0
Myasthenia Gravis with acute exacerbation G70.01 Myasthenia Gravis without acute exacerbation G70.00 Dermatomyositis M33.90 Polymyositis M33.20

Has patient received immune globulin previously? No ☐ Yes: Da of last infusion _____ Date of next infusion: _____
Comorbidities:_____
ALLERGIES: ☐ NKDA ☐ Other_____

PRESCRIPTION INFORMATION (or attach a copy of the prescription)

Infusion Therapy:
Preferred brand _____ **OR** ☐ Pharmacist will determine appropriate product based on clinical assessment, insurance requirements and availability)
☐ No Substitute ☐ Refills: _____times (as allowed by state or payer requirements)

Dose: *(please select option(s) and provide complete information, pharmacy to round the nearest 5 gram vial)*
☐ Administration Rate = Follow Manufacturer's Guidelines
☐ Loading Dose:_____ gm/kg over ____ days, then
☐ Maintenance dose: _____ gm/kg over _____ days, every _____ weeks x _____ cycles
☐ Other Regimen _____

Infusion Rate:*(please select one and provide complete information)*
☐ Pharmacist to determine
☐ Start at _____ ml/hr, then increase by _____ml/hr every _____minutes to maximum

Vascular Access Device:
☐ Peripheral Catheter ☐ PICC ☐ Port
☐ Other (describe/# of lumens): _____
Flush Orders: (If IV ordered the following flush protocols will be followed)
☐ **Sodium Chloride 0.9%**
Peripheral Line: 3 ml before each dose and 3 ml after each dose and prn
Central Line: 5 - 10 ml before each dose and 5 -10 ml after each dose and prn
☐ **Heparin 10 u/ml** Peripheral Line: 3 ml after last sodium flush and prn
☐ **Heparin 100 u/ml** Central Line: 5 ml after last sodium flush and prn
Provide needles, syringes, VAD supplies & other ancillary supplies needed for infusion

Pre-Medication
Diphenhydramine
25 mg capsule: 1-2 capsules by mouth 15-30 minutes before each infusion ☐Decline

Acetaminophen
650 mg tablet: 1-2 tablets by mouth 15-30 minutes before each infusion ☐Decline
☐ Other_____ Strength:_____
Directions: _____

Hydration Orders
Infuse ___ mg _____solution
☐ Prior to ☐ Following

Labs:
Results will be faxed to physician's office. If no frequency noted, ordered labs to be done prior to initial infusion only. Labs will not be drawn on weekend/holidays. Not appropriate for STAT labs
☐ Quantitative Ig A prior to first dispense. Pharmacist to obtain authorization from MD.
☐ Other_____ Frequency of Labs:_____

As required by your state, Prescriber to check "Dispense as written" or handwrite "Brand Medically Necessary" and sign to prevent generic substitution. ☐ Dispense as written

NURSING

☐ **Nursing Agency:** _____ **Phone:** _____
Skilled Nursing Visits for Immune Globulin Intravenous administration and education. To provide education related to the disease process and IG therapy. To provide an assessment of patient's general overall health status. To provide skilled nursing visits PRN for additional education and support.

PHYSICIAN INFORMATION

Prescriber Name:	Phone:	Fax:
Office Contact:	Email:	
Address:		
NPI #:	Tax ID #	
Prescriber Signature:	Date	

Your signature authorizes BioPlus Specialty Pharmacy Services,LLC, and their network of pharmacies, MedScripts Medical Pharmacy, River Medical Pharmacy, and Route 300 Pharmacy (the "BioPlus Pharmacies"), to act on your behalf to obtain prior authorization, including appeals and peer to peer reviews, for the prescribed medications We will also pursue available copay and financial assistance on behalf of your patients.

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BioPlus Specialty Pharmacy 13925 Yale Ave, Suite145, Irvine, CA 92620 **MedScripts Medical Pharmacy** 1325 Miller Rd., Suite K, Greenville, SC 29607
River Medical Pharmacy 4752 Research Drive, San Antonio, TX 78240 **Route 300 Pharmacy** 1208 Route 300, Suite 103, Newburgh, NY 12550

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Sales Person: