

Adult Subcutaneous Immune Globulin (SCIG) Order Form

Patient Name: _____ Date: _____

SSN#: _____ DOB: _____ Primary Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Diagnosis: 279.02 Selective IgM Immunodeficiency <input type="checkbox"/> D80.4 Selective Deficiency Immunoglobulin M (IgM) 279.03 Selective IgG Immunodeficiency <input type="checkbox"/> D80.3 Selective deficiency of immunoglobulin G (IgG) subclasses 279.04 Congenital Hypogammaglobulinemia <input type="checkbox"/> D80.0 Hereditary Hypogammaglobulinemia	279.05 Immunodeficiency with increased IgM <input type="checkbox"/> D80.5 Immunodeficiency with increased Immunoglobulin M (IgM) 279.06 Common variable immunodeficiency (CVID) <input type="checkbox"/> D83.0 Common variable immunodeficiency with predominate abnormalities of B-cell numbers and functions <input type="checkbox"/> D83.2 Common variable immunodeficiency with autoantibodies to B or T cells	279.06 Common variable immunodeficiency (CVID) cont. <input type="checkbox"/> D83.8 Other common variable immunodeficiency <input type="checkbox"/> D83.9 Common variable immunodeficiency, unspecified <input type="checkbox"/> Other ICD-10: SEE REVERSE SIDE FOR MORE ICD-10 CODES
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1 Patient Information:

NKDA Allergies: _____

Ht: _____ in/cm Wt: _____ lbs/kg Male Female

Is this the first dose: Yes No

If no, list product: _____

Date of last infusion: _____ Next dose due: _____

Attach documents to FAX (see below)

Copy of insurance card
 Patient demographics, to include insurance information
 Labs to include IgA level
 H&P
 For Immune deficiency: Detailed infection history, baseline IgG levels (including subclasses), immune response to vaccinations (including report)
 Other: _____

2 Clinical Information: ARJ policies and protocols to be provided upon request.

Medication	Dose	Directions	Quantity/Refills
<input type="checkbox"/> Preferred Product: _____ <input type="checkbox"/> No Preference	_____ grams OR _____ gm per kg (rounded to the nearest vial size) _____ day(s) every week OR _____ every _____ week(s)	Infuse per manufacturer guidelines subcutaneously in _____ sites over _____ hours via infusion pump as tolerated.	Dispense: 1 month supply on all selected medications Refill x12 months unless otherwise noted <input type="checkbox"/> Other: _____
Premedication take 30 minutes prior to infusion (Note: If nothing is checked, no premeds will be given) <input type="checkbox"/> Diphenhydramine 25 - 50 mg po x1 dose <input type="checkbox"/> Acetaminophen 325 - 650 mg po x1 dose <input type="checkbox"/> Other: _____			
Medications to be used as needed: <input type="checkbox"/> Lidocaine 2.5% cream and Prilocaine 2.5% topically: Apply to needle insertion site prior to access PRN <input type="checkbox"/> Diphenhydramine 25-50 mg po every 4-6 hours as needed for chills, headache, rash/itching (maximum 400 mg/per day) <input type="checkbox"/> Acetaminophen 325-650 mg po every 4-6 hours as needed for fever, headache or chills (maximum 3000 mg/per day)			

Skilled Nursing services to be provided for infusion, assessment and teaching as needed.

Adverse reaction medications:

Prescriber to send prescription to retail pharmacy for epinephrine pen by weight for use IM PRN in anaphylactic reaction

Other Instructions: _____

3 Prescriber Information: By signing I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment.

Physician Name: _____ Office Contact: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Fax: _____

License #: _____ DEA#: _____ NPI #: _____

 Date: _____ | _____
 Date: _____

Physician Signature Required - Substitution Permitted
Physician Signature Required - Dispense as Written

Confidential Health Information: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization and under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure of this information is prohibited by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law. Important Warning: This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any discrimination, distribution, or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately.



279.02 Selective IgM Immunodeficiency

- D80.4 Selective Deficiency of Immunoglobulin M (IgM)

279.03 Selective IgG Immunodeficiency

- D80.3 Selective deficiency of immunoglobulin G (IgG) subclasses

279.04 Congenital Hypogammaglobulinemia

- D80.0 Hereditary hypogammaglobulinemia

279.05 Immunodeficiency with increased IgM

- D80.5 Immunodeficiency with increased Immunoglobulin M (IgM)

279.06 Common variable immunodeficiency (CVID)

- D83.0 Common variable immunodeficiency with predominate abnormalities of B-cell numbers and functions
- D83.2 Common variable immunodeficiency with autoantibodies to B or T cells
- D83.8 Other common variable immunodeficiency
- D83.9 Common variable immunodeficiency, unspecified

279.12 Wiskott-Aldrich syndrome

- D82.0 Wiskott-Aldrich syndrome

279.2 Severe Combined Immunodeficiency

- D81.0 Severe combined immunodeficiency with reticular dysgenesis
- D81.1 Severe combined immunodeficiency with low T and B cell numbers
- D81.2 Severe combined immunodeficiency 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 immunodeficiency
- D81.9 combined immunodeficiency, unspecified

- Other: _____

