INTRAMED Plus
infusion services

PANHEMATIN®

INFUSION & MEDICAL CENTER

1.Patient Name ______________________ **DOB** __________ **Patient Phone/Cell #** ______________

Patient demographic and insurance information to be faxed with Infusion Order Form

2.Medical Information (Please select primary diagnosis and complete ICD-10 Code):

Primary Diagnosis:

_____ Acute intermittent hepatic porphyria ICD-10 Code: E80.21

_____ Lupus Nephritis ICD-10 Code: M32.1

_____ Other: ______________________ ICD-10 Code: __________

Allergies: ______________________ (or attach list)

3.Clinical Information — Please fax with Infusion Order Form:

- Clinical Notes supporting primary diagnosis
- Recent Lab/Test Results including:
  - o Elevated urinary delta aminolevulinic acid (ALA) or porphobilnogen (PBG)
- Medication List
- For off-label prophylaxis use, provide documentation of reduced frequency or severity of attacks

Patient
Weight: _______ lbs.
Height _______ in.

PANHEMATIN® (hemin for injection) J Code: J1640

4. Drug Order:

❑ **Administer** _____ mg/kg intravenously over 30 minutes once daily for _____ day(s) Refills: _____

❑ **Administer** _____ mg/kg intravenously over 30 minutes once weekly for _____ week(s) Refills: _____

❑ **Other dosing:** ______________________ Refills: _____

*Recommended dosing: 1-4 mg/kg/day (max 6mg/kg/day). Flush vein with 100 mL NaCl post infusion.

Pre-Medication Orders: ______________________

Adverse Drug Reaction Protocol: Manage any adverse reaction that may occur per approved ADR Protocol.

By signing this form and utilizing our services, I am authorizing Intramed Plus to serve as my prior authorization agent with medical and pharmacy insurance providers.

5. Physician Signature: ______________________ / ______________________ Date: ______________

Dispense as written Substitution permitted

Printed Physician's Name with Credentials: ______________________ Phone #: ______________

FAX ALL INFORMATION CENTRAL FAX **803.999.1754**	**INFUSION CENTER LOCATIONS** BERKELEY CHARLESTON COLUMBIA GREENVILLE CENTRAL INTAKE PHONE 803.999.1760

JAN 2024