

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 ICD10 Code):**

Primary Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Allergies: \_\_\_\_\_ (or attach list)

**3. Clinical Information – Please fax with Infusion Order Form:**

- Clinical notes & labs supporting primary diagnosis
- Previous infusion notes/records (if available/applicable)

**Patient**  
**Weight:** \_\_\_\_\_ lbs.  
**Height:** \_\_\_\_\_ in.

## IMMUNE GLOBULIN (IVIG)

**Drug Order:**

**4. IVIG** \_\_\_\_\_ grams or \_\_\_\_\_ gm/kg IV daily for \_\_\_\_\_ day(s) or \_\_\_\_\_ week(s)

**Frequency:** Every \_\_\_\_\_ weeks for \_\_\_\_\_ cycle(s)

Other Dosing Regimen: \_\_\_\_\_

☐ Administer as per IG product's package insert / protocol

☐ Other Administration instructions: \_\_\_\_\_

Preferred Brand ☐ Asceniv ☐ Bivigam ☐ Gammagard ☐ Gamunex-C ☐ Panzyga ☐ Privigen

☐ Other: \_\_\_\_\_ \* Based on product availability, product recommendations may be provided.

**Pre-Medication Orders (check the requested orders):** Adjust to patient's needs

☐ Acetaminophen 650 mg PO

☐ Diphenhydramine 25 mg PO ☐ Cetirizine 10 mg PO ☐ Loratadine 10 mg PO

☐ Solumedrol \_\_\_\_\_ mg IV

☐ Other: \_\_\_\_\_

☐ None

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

**Anaphylaxis kit to be provided per Intramed Policy:**

Kit includes Epi 1 mg/ml (1), diphenhydramine 50 mg/mL (2), 0.9% NS 500 mL (1) methylprednisolone 125 mg/2 mL (1)

By signing this form and utilizing these 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: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

**FAX ALL INFORMATION**  
**CENTRAL FAX 803.999.1754**

**CENTRAL INTAKE PHONE**  
**803.999.1750**