Fax: 877-405-7940
Phone: 800-486-2668

CenterWell Specialty Pharmacy™

Monday – Friday: 8 a.m. – 11 p.m., and
Saturday: 8 a.m. – 6:30 p.m., Eastern time

Remove above portion before faxing. Please complete the prescription form in its entirety and fax with secure cover sheet to the number above.

IVIG and General Immune Disorders Prescription Form

Patient information

Patient: _____ ❒ Female ❒ Male DOB: _____ Insurance plan: _____ Plan ID #: _____
Address: _____ City: _____ State: _____ ZIP code: _____
Home phone #: _____ Cell phone #: _____ Caregiver: _____ Caregiver phone #: _____
Other medical conditions: _____ Allergies: ❒ No ❒ Yes: _____
Height:_____ Weight:_____ ❒ lb ❒ kg Date:_____ ICD-10 code: _____ Diagnosis date: _____

Clinical information: Please Include History and Physical (H&P) and latest visit note including infection history/treatment for past 6 months

ICD-10 immunology: ❑ D80.0 Congenital hypogam ❑ D83.9 CVID (unspecif) ❑ D81.9 SCID (unspecif)
ICD-10 neurology: ❑ G61.81 CIDP ❑ G61.82 MMN ❑ G35 MS (rel-remit) ❑ G61.0 GBS ❑ G70.01 MG
ICD-10 rheumatology: ❑ M33.20 Polymyositis ❑ M33.90 Dermatopolymyositis ❑ _____
Concurrent therapies: _____Date: _____
Adverse reactions with previous IG treatments? _____ If so, what brand of IVIG caused the reaction? _____

Site of care: ❒ Home ❒ MDO ❒ Clinic: _____ Venous access (for applicable therapies): ❒ PIV ❒ PICC ❒ Port ❒ Central line, type: _____
Infusion method (for applicable therapies): ❒ Gravity ❒ Pump First dose ❒ No ❒ Yes Expected date of first/next infusion: _____

Prescription information

Note: Ohio law allows one prescription per preprinted order form. Please use additional forms for more than one prescription.

Intramuscular	Subcutaneous	Intravenous
❒ GamaSTAN S/D ❒ WinRho	❒ Gammagard 10% Liquid ❒ Hyqvia 10% ❒ Gamunex-C 10% ❒ Xembify ❒ Hizentra 20% ❒ Vials ❒ PFS ❒ Panzyga	❒ Gammagard 10% Liquid ❒ Gamunex-C 10% ❒ Octagam 5% ❒ Gammagard S/D 5% ❒ Flebogamma 5% ❒ Octagam 10% ❒ Gammagard S/D 10% ❒ Flebogamma 10% ❒ Privigen 10%

Dose	Directions	Quantity	Refills
_____ _____	_____ _____	_____	_____

❒ Skilled nursing visit to establish venous access, provide patient education related to therapy and disease state, administer medication as prescribed, and assess general status and response to therapy. Frequency based on prescription dose orders.

Pretreatment: ❒ acetaminophen ❒ 325 mg tablet ❒ 500 mg tablet ❒ diphenhydramine ❒ 25 mg capsule ❒ 50 mg tablet	❒ Take _____mg p.o. 30–60 min. prior to inf. and q4–6 p.r.n. Max. four doses in 24 hr. ❒_____		❒ 10 capsules ❒ 10 tablets ❒_____	❒ 11 ❒ ___
Anaphylaxis Kit (Patient's home):	❒ Epinephrine 0.3 mg auto-injector	❒ Inject IM p.r.n. anaphylaxis	❒ 2-pack	❒ 0 ❒ ___
	❒ Epinephrine 0.15 mg auto-injector (patients 15–30 kg)	❒ Inject IM p.r.n. anaphylaxis	❒ 2-pack	
	❒ Diphenhydramine 25 mg capsules	❒ Take 25–50 mg PO p.r.n. anaphylaxis	❒ 10 capsules	
	❒ Diphenhydramine 50 mg/mL injection	❒ Inject slow IV push p.r.n anaphylaxis	❒ 1 vial	
❒ lidocaine 2.5% and prilocaine 2.5% cream	Apply topically to needle insertion site, 30–60 minutes prior to insertion.		❒ 28-day supply ❒ _____	❒ 11 ❒ ___
❒ sodium chloride 0.9% 10 mL flush	Flush line with 10 mL, before and after inf. and p.r.n. line care.		❒ 28-day supply ❒ _____	❒ 11 ❒ ___
❒ heparin 100U/mL 5 mL PFS - For central line patients	Flush line with 5 mL, after final saline flush.		❒ 28-day supply ❒ _____	❒ 11 ❒ ___
❒ Hydration fluid	❑ 0.9% NS _____ mL infused over _____ minutes Timing: ❑: _____ minutes pre-IG infusion ❑ post-IG infusion ❑ during IVIG infusion ❑ D5W _____ mL infused over _____ minutes Timing: ❑: _____ minutes pre-IG infusion ❑ post-IG infusion ❑ during IVIG infusion		❒ 28-day supply ❒ _____	❒ 11 ❒ ___

Pharmacy to dispense ancillary supplies as needed to establish IV and administer drug.

Prescriber and shipping information (please print)

Prescriber: _____ NPI: _____ Office phone number: _____
Ship to: ❒ Patient ❒ Office ❒ Other: _____ Office fax number: _____
Office address: _____ City: _____ State: _____ ZIP code: _____
Signature: _____ Date: _____
We will dispense this prescription as generic, unless the prescriber indicates "Dispense as Written" here: _____
The prescriber is to comply with his/her state-specific prescription requirements, such as e-prescribing, state-specific prescription form and fax language. Noncompliance with state-specific requirements could result in outreach to the prescriber.