Humana Pharmacy®

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Phone: 800-486-2668

Humana Specialty Pharmacy®

Monday – Friday: 8 a.m. – 11 p.m., Eastern time
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

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

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 tab. ❒ 500 mg tab. ❒ diphenhydramine ❒ 25 mg cap. ❒ 50 mg tab. ❒ Take _____ mg p.o. 30–60 min. prior to inf. and q4–6 p.r.n. Max 4 doses in 24 hr. ❒ _____	❒ 10 cap. ❒ 10 tab. ❒ _____	❒ 11 ❒ ___
Anaphylactic treatment:	❒ diphenhydramine ❒ 50 mg/mL vial ❒ 25 mg cap. ❒ 50 mg tab. ❒ Infuse slowly IV p.r.n. anaphylaxis. ❒ Take 25–50 mg p.o. p.r.n. anaphylaxis.	❒ 1 vial ❒ 10 cap. ❒ 10 tab. ❒ _____	❒ 0 ❒ ___
Anaphylactic treatment: - For pts weighing 15–30 kg	❒ epinephrine ❒ 0.3 mg auto-injector ❒ 0.15 mg auto-injector ❒ Inject IM p.r.n. anaphylaxis.	❒ 2-pack ❒ _____	❒ 0 ❒ ___
❒ 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 ❒ ___

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.