

Patient Name _____ SS# _____ DOB _____ Male Female
 Street Address _____ Apt# _____ City _____ State _____ Zip _____
 Daytime Tel _____ Cell _____ Email _____ Height _____ Weight _____ BSA _____
 Ship to Patient at Home Work OR Patient will pick up at Physician Office Local Pharmacy Phone _____
 Allergies _____ Comorbidities _____
 Current Medications (if necessary, please fax a complete list) _____

Practice Name _____ Primary Contact _____ Tel _____
 Prescriber _____ NPI # _____
 Practice Address _____ Suite# _____ City _____ State _____ Zip _____

Insured's Name _____ Relation to Patient _____
 Eligible for Medicare Yes No If yes, Medicare# _____ Prescription Card Yes No If Yes, Carrier _____
 Tel _____ Fax _____ Policy/Group# _____
 Bin# _____ Pcn# _____ RXID# _____ RX Group# _____

ICD-10 Code

D80.0 Hereditary Hypogammaglobulinemia **D81.5** Immune Deficiency with Increased IgM
 D81.9 Combined Immunodeficiency, unspecified **D82.0** Wiskott Aldrich Syndrome
 D83.9 Common Variable Immunodeficiency, unspecified Other ICD-10 _____ Diagnosis _____
 Medical History: Cardiac Disease Diabetes Renal Dysfunction IgA Deficient

PRESCRIPTION

PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS

Is this the first dose? Yes No If no: List product _____
 Date of last infusion _____ Next dose due _____

ADMINISTER IVIG:

2 grams/kg IV over _____ days over _____ hours/day, as a loading dose, then _____ grams over _____ hours every _____ week(s) for _____ cycle(s)
 _____ gms/kg or _____ grams IV over _____ hours every _____ week(s) for _____ cycle(s)
 Other _____
 Provide all necessary ancillary supplies (i.e. pole, pump, etc.) as required for therapy and diagnosis
 Pharmacy to select Product Specific Brand desired, please specify: _____

PRE-MEDICATIONS

Diphenhydramine (Benadryl) 25mg 50 mg orally before infusion
 Acetaminophen (Tylenol) 325mg 500 mg 650 mg orally before infusion
 Other _____

ADVERSE/ANAPHYLACTIC REACTIONS: PER BIOMATRIX SPECIALTY PHARMACY PROTOCOL

Adults or Children greater than 66 pounds or 30 kg:
 • For mild reaction: give Diphenhydramine 50 mg orally, IM or IV and decrease the rate of infusion.
 • For moderate reaction: stop infusion, give Diphenhydramine 50mg, orally, IM or IV and contact physician
 • For Severe reaction w/breathing problem: stop infusion, call 911, give Epinephrine 0.3mg/0.3ml subcutaneously, Diphenhydramine 50 mg IV or IM. Begin NSS 500ml IV at a rate of 100-150ml/hr and contact physician.
 Note: **Dosage adjustment necessary for children less than 30kg or 66 pounds:** Diphenhydramine 1.25mg/kg orally, IM or IV with a maximum of 50mg. If Epinephrine is needed 0.15mg/0.15ml 1:1000 subcutaneously

NURSING ORDERS

Provide skilled nursing care to complete therapy.
 Baseline Vital Signs: BP, HR, Temp prior to infusion, every 15 minutes x 1st hour and each subsequent hour until completion.
 Provide education regarding medication, disease state, adverse drug reactions, and administration.
 Observe for response to therapy.
 IV Access: _____ Location: _____
 Maintain IV Access according to company policy and procedures.
 Hold Infusion If: _____ BP systolic above 180 mm Hg or _____ BP diastolic above 105 mm Hg

By signing this form and utilizing our services, you are authorizing BioMatrix Specialty Pharmacy, its subsidiaries and their employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies where allowed by law or contract.
Prescriber's Signature _____ Dispense as written (signature required. NO STAMPS) **OR** Product Substitution Permitted (signature required. NO STAMPS) **Date** _____

Prescriber's Email _____

IMPORTANT NOTICE: This message may contain privileged and confidential information and is intended only for the individual named. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document by mistake, then destroy this document. Please direct all verification or notification to BioMatrix Specialty Pharmacy or any of its subsidiaries using the contact information provided on this cover sheet. RF028-NIT_2 01/19

Please visit WWW.BIOMATRIXSPRX.COM For more information