# KabaFusion
Patient-Focused Infusion Therapy

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# Immunoglobulin Prescription Form

***Please fax completed order form to 877.239.8117***

## *Demographic Information:*

**Patient Name** _____ **Date of Birth** _____

**Home Address** _____

**City, State, Zip** _____

**Home Phone** _____ **Mobile or Work Phone** _____

**Primary Insurance Name** _____

**Primary Insurance ID** _____ **Primary Insurance Group** _____

**Insured Name** _____ **Insured Date of Birth** _____

**Secondary Insurance Name** _____ **Insurance ID** _____ **Insurance Group** _____

**Secondary Insurance ID** _____ **Secondary Insurance Group** _____

**Ordering Physician's Name** _____

**Address** _____

**City, State, Zip** _____

**Phone** _____ **Fax** _____

**NPI** _____

**Please fax the following information:**

□ History and Physical □ Pertinent Lab Work

□ Front & Back copy(s) of patient's insurance card(s)

I authorize KabaFusion and its representatives to act as an agent and initiate and execute any insurance prior authorization process for this prescription, and any future fills of the same prescription for the patient listed above. I understand that I can revoke this designation at any time by providing written notice to KabaFusion.

**Physician Signature:**_____

**Date:** _____

## *Prescription:*

☐ **Intravenous Immunoglobulin** ☐ **Subcutaneous Immunoglobulin**

☐ 0.4 gm/kg ☐ 1gm/kg ☐ 2gm/kg ☐ _____ grams

Infuse: ☐ IV daily x _____ day(s); repeat every _____ week(s) x _____ cycles

☐ Other: _____

Infuse _____ grams OR _____ mls

using _____ sites _____ time(s) per week

Hydration order: _____mls NS iv to be infused prior/post IVIG. for_____months.

☐ Pre-medications: Acetaminophen 650mg PO 30 mins prior to infusion
Diphenhydramine 25mg PO 30 mins prior to infusion

☐ Other Pre-medications: _____

## *Clinical Information:*

Patient Weight: _____ Height: _____ Allergies: _____

☐ IV access [for IVIg patients only]: _____ ☐ Nurse to place PIV prior to therapy

| Diagnosis | ICD-10 | Diagnosis | ICD-10 |
|---|---|---|---|
| **Neuromuscular:** | | **Immune Deficiency:** | |
| ☐ Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) | G61.81 | ☐ CVID w/ Predominant Immunoregulatory T-Cell Disorders | D83.1 |
| ☐ Dermatopolymyositis | M33.90 | ☐ Combined Immunodeficiency, Unspecified | D81.9 |
| ☐ Guillain-Barre Syndrome (GBS) | G61.0 | ☐ Common Variable Immunodeficiency, Unspecified | D83.9 |
| ☐ Multifocal Motor Neuropathy | G61.82 | ☐ Hereditary Hypogammaglobulinemia | D80.0 |
| ☐ Myasthenia Gravis (MG) | G70.0 | ☐ Immunodeficiency with Increased IgM | D80.5 |
| ☐ Myasthenia Gravis with (Acute) Exacerbation | G70.01 | ☐ Nonfamilial Hypogammaglobulinemia | D80.1 |
| ☐ Polymyositis | M33.20 | ☐ Other combined Immunodeficiencies | D81.89 |
| ☐ Relapsing Remitting Multiple Sclerosis (RRMS) | G35 | ☐ Other Common Variable Immunodeficiencies | D83.9 |
| ☐ Stiff Person Syndrome | G25.82 | ☐ Pemphigoid | L12.0 |
| **Other:** | | ☐ Pemphigus | L10.9 |
| ☐ Autoimmune Encephalopathy | G04.81 | ☐ SCID with Low or Normal B-Cell Numbers | D81.2 |
| ☐ Idiopathic Thrombocytopenic Purpura | D69.3 | ☐ SCID with Low T- and B- Cell Numbers | D81.1 |
| ☐ Inflammatory Neuropathies | G61.89 | ☐ Selective deficiency of IgG Subclasses | D80.3 |
| | | ☐ Specific Antibody Deficiency | D80.6 |
| | | ☐ Systemic lupus erythematosus (SLE) | M32.9 |

**Please Draw:**

□ CBC/diff □ CMP □ IgG w/subclasses 1-4 □ Quant. Ig

☐ _____ ☐ _____ Frequency: _____

**PER Anaphylaxis Protocol:**

☐ Adult – EpiPen 0.3 auto-injector dual pack

☐ Pediatric – EpiPen 0.15 auto-injector dual pack

* Administer intramuscularly in the event of ADR*

[May repeat x 1. **Order is valid for 1 year**]. **Use generic if applicable**

**Notes:**

**If applicable, flush intravenous access device per KabaFusion protocol:**

| Access | NS | Heparin |
|---|---|---|
| Peripheral | 1-3ml before/after use | 10u/ml 1-2mls after last NS flush |
| Midline, central (non-port), PICC | NS 5-10 mls before/after use; 10mls after blood draw | 10 u/ml 3-5mls after last NS flush; 5mls after blood draw |
| Implanted Port | 5-10mls before/after use; 20mls after blood draw | 100 u/ml 5mls after last NS flush; 5mls after blood draw |
| Tunneled | 5-10mls before/after use; 20mls after blood draw | 10 u/ml 3- mls after last NS flush. 5mls after blood draw |
| Groshong PICC, Midline | 5-10mls before/after use; 10mls after blood draw | NO Heparin needed |