



SOLID ORGAN TRANSPLANT IMMUNOGLOBULIN REFERRAL FORM

E-prescribe the *Fast & Easy* way: select **BioPlus** from your EHR!

Fax: 866-523-5406

Phone: 800-829-3975

bioplusinfusion.com

Ship To: In Office Infusion Suite At Home Other _____

PATIENT INFORMATION

Patient Name:	SSN:	DOB:	
Address:	City:	State:	Zip:
Home Phone:	Height:	Weight:	Gender: Male Female
Cell Phone:	Email Address:		

INSURANCE INFORMATION (or attach copy of cards)

Primary Insurance Co:	Policy Holder:	Relationship:	Policy #:	Group #:
Secondary Insurance:	Policy Holder:	Relationship:	Policy #:	Group #:

CLINICAL INFORMATION (Fax all pertinent clinical and lab information)

Diagnosis (ICD-10): 294.0 Kidney Transplant 294.1 Heart Transplant 294.2 Lung Transplant Other _____ **Date of Diagnosis:** _____

Has patient received immune globulin previously? No Yes: **Date of last infusion** _____ **Date of next infusion:** _____

Comorbidities: _____

Allergies: NKDA Other: _____

Please included the following information: Demographics H&P Physician Orders Insurance Information Labs

PRESCRIPTION INFORMATION (or attach a copy of the prescription)

Infusion Therapy:

Preferred brand _____ **OR** Pharmacist will determine appropriate product based on clinical assessment, insurance requirements and availability)
 No Substitute Refills: _____ times (as allowed by state or payer requirements)

Dose: (please select option(s) and provide complete information, pharmacy to round the nearest 5 gram vial)

- Administration Rate = Follow Manufacturer's Guidelines
- Loading Dose: _____ gm/kg over _____ days, then
- Maintenance dose: _____ gm/kg over _____ days, every _____ weeks x _____ cycles
- Other Regimen _____

Infusion Rate: (please select one and provide complete information)

- Pharmacist to determine
- Start at _____ ml/hr, then increase by _____ ml/hr every _____ minutes to maximum rate _____ ml/hr

Pre-Medication

Diphenhydramine
25 mg capsule: 1-2 capsules by mouth 15-30 minutes before each infusion Decline

Acetaminophen

650 mg tablet: 1-2 tablets by mouth 15-30 minutes before each infusion Decline
 Other _____ Strength: _____
 Directions: _____

Vascular Access Device:

- Peripheral Catheter PICC Port
- Other (describe/# of lumens): _____

Flush Orders: (If IV ordered the following flush protocols will be followed)

- Sodium Chloride 0.9%**
Peripheral Line: 3 ml before each dose and 3 ml after each dose and prn
Central Line: 5 - 10 ml before each dose and 5 -10 ml after each dose and prn
 - Heparin 10 u/ml** Peripheral Line: 3 ml after last sodium flush and prn
 - Heparin 100 u/ml** Central Line: 5 ml after last sodium flush and prn
- Provide needles, syringes, VAD supplies & other ancillary supplies needed for infusion

Hydration Orders

Infuse _____ mg _____ solution
 Prior to Following

Labs:

Results will be faxed to physician's office. If no frequency noted, ordered labs to be done prior to initial infusion only. Labs will not be drawn on weekend/holidays. Not appropriate for STAT labs
 Quantitative Ig A prior to first dispense. Pharmacist to obtain authorization from MD.
 Other _____ Frequency of Labs: _____

As required by your state, Prescriber to check "Dispense as written" or handwritten "Brand Medically Necessary" and sign to prevent generic substitution. Dispense as written

NURSING

Nursing Agency: _____ **Phone:** _____
 Skilled Nursing Visits for Immune Globulin Intravenous administration and education. To provide education related to the disease process and IG therapy.
 To provide an assessment of patient's general overall health status. To provide skilled nursing visits PRN for additional education and support.

PHYSICIAN INFORMATION

Prescriber Name:	Phone:	Fax:
Office Contact:	Email:	
Address:		
NPI #:	Tax ID #:	
Prescriber Signature:	Date:	

Your signature authorizes BioPlus Specialty Pharmacy Services LLC, and their network of pharmacies, MedScripts Medical Pharmacy, River Medical Pharmacy, Route 300 Pharmacy, and Santa Barbara Specialty Pharmacy (the "BioPlus Pharmacies"), to act on your behalf to obtain prior authorization, including appeals and peer to peer reviews, for the prescribed medications. We will also pursue available copy and financial assistance on behalf of your patients. **BioPlus Specialty Pharmacy** 376 Northlake Blvd., Altamonte Springs, FL 32701 **BioPlus Specialty Pharmacy** 100 Southcenter Ct., Suite 100, Morrisville, NC 27560
BioPlus Specialty Pharmacy 13925 Yale Ave, Suite 145, Irvine, CA 92620 **MedScripts Medical Pharmacy** 1325 Miller Rd., Suite K, Greenville, SC 29607 **BSP230302**
River Medical Pharmacy 4752 Research Drive, San Antonio, TX 78240 **Route 300 Pharmacy** 1208 Route 300, Suite 103, Newburgh, NY 12550
Santa Barbara Specialty Pharmacy 4690 Carpinteria Ave, Ste B, Carpinteria, CA 93013

Sales Person:

314496