

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 _____

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

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

Hydration Orders
 Infuse _____ mg _____ solution
 Prior to Following

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: _____

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 handwrite "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, and Route 300 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 copay 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, Suite145, Irvine, CA 92620 **MedScripts Medical Pharmacy** 1325 Miller Rd., Suite K, Greenville, SC 29607
River Medical Pharmacy 4752 Research Drive, San Antonio, TX 78240 **Route 300 Pharmacy** 1208 Route 300, Suite 103, Newburgh, NY 12550

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Sales Person: