KabaFusion
Patient-Focused Infusion Therapy

159 Memorial Drive | Suite E | Shrewsbury, MA 01545
OFFICE: 888.727.2323 | FAX: 888.966.0416

Immunoglobulin Prescription Form

Please fax completed order form to 888.966.0416

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 Infuse _____ grams OR _____ mls

☐ Other: _____ 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 ☐ Other Pre-medications: _____

Diphenhydramine 25mg PO 30 mins prior to infusion

Clinical Information:

Patient Weight: _____ Height: _____ Allergies: _____

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

Diagnosis (Neuromuscular):	ICD-10
☐ Autoimmune Encephalopathy	G04.81
☐ Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)	G61.81
☐ Chronic Inflammatory Sensory Polyradiculopathy (CISP)	G61.81
☐ Chronic Severe Myasthenia Gravis with Exacerbation & Disability	G70.01
☐ Myasthenic Crisis	G70.01
☐ Dermatomyositis ☐ Polymyositis	M33.10 | M33.2
☐ Guillain-Barre Syndrome (GBS)	G61.0
☐ Hereditary sensory neuropathy	G60.0
☐ Idiopathic Progressive Polyneuropathy	G60.3
☐ Idiopathic Thrombocytopenic Purpura	D69.3
☐ Multifocal Motor Neuropathy	G61.82
☐ Multiple myeloma and immunoproliferative neoplasms	C90.0
☐ Neuromyelitis Optica & MOG syndrome	G36.0
☐ PANDAS / PANS	D89.9
☐ Peroneal muscular atrophy	G60.0
☐ Rasmussen Encephalitis	G04.90
☐ Relapsing Remitting Multiple Sclerosis (RRMS)	G35.1
☐ Severe Refractory Myasthenia Gravis (MG)	G70.0
☐ Solid organ transplant recipients at risk for cytomegalovirus infections\pneumonia	Z94.9
☐ Stiff Person Syndrome	G25.82
☐ Anemia with parvovirus B19	B34.3
☐ Antiphospholipid syndrome	D68.61

Diagnosis (Immune Deficiency):	ICD-10
☐ CVID 83.9	D83.9
☐ Hypogammaglobulinemia -primary humoral immunodeficiency	D80.7
☐ IgG sub class deficiency	D80.3
☐ Specific Antibody deficiency	D80.6
☐ Agammaglobulinemia -primary humoral immunodeficiency	D80.0
☐ Chronic lymphocytic leukemia (CLL) with frequent infections and 2 IgG levels are less than 400mg/d	C91.10
☐ Agranulocytosis	D70.0
☐ Bone marrow transplant patients (for prevention of infection or GVH prevention)	Z94.81
☐ Acquired immunosuppression IgG <400 & recurrent infections	D84.81
☐ B Cell (CLL) Leukemia IgG <500 , recurrent infections	C91.1
☐ CMV viremia	B25.9
☐ HIV infected children	C46.9
☐ Toxic Shock Syndrome (Staphylococcal or Streptococcal)	A48.3
☐ Immunotherapy-Related Toxicities Associated with Checkpoint Inhibitor Therapy	T45.1X5A
☐ Varicella and Tetanus post exposure prophylaxis	B01.9
Diagnosis (Dermatology):	
☐ Progressive autoimmune mucocutaneous blistering disease; this include pemphigus vulgaris, pemphigusfoliaceus, bullous pemphigoid and mucous membrane pemphigoid. Behcet's syndrome, Wegener's granulomatosis	L10.9

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