

SCIG ORDER FORM

REFERENCE GUIDE SHEET

Patient Diagnosis: (Checkmark ICD-10 Code)

D80 Immunodeficiency with predominantly antibody defects

- D80.0* Hereditary hypogammaglobulinemia
Autosomal recessive agammaglobulinemia (Swiss type)
X-linked agammaglobulinemia (Bruton) (with growth hormone deficiency)
- D80.1 Nonfamilial hypogammaglobulinemia
Agammaglobulinemia with immunoglobulin-bearing b-lymphocytes
Common variable agammaglobulinemia (CVAgamma)
Hypogammaglobulinemia NOS
- D80.2 Selective deficiency of immunoglobulin A (IgA)
- D80.3 Selective deficiency of immunoglobulin G (IgG) subclasses
- D80.4 Selective deficiency of immunoglobulin M (IgM)
- D80.5* Immunodeficiency with increased immunoglobulin M (IgM)
- D80.6 Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
- D80.7 Transient hypogammaglobulinemia of infancy
- D80.8 Other immunodeficiencies with predominantly antibody defects
Kappa light chain deficiency
- D80.9 Immunodeficiency with predominantly antibody defects, unspecified

D82 Immunodeficiency associated with other major defects

Excludes: ataxia telangiectasia (Louis-Bar) (G11.3)

- D82.0* Wiskott-Aldrich syndrome
Immunodeficiency with thrombocytopenia and eczema
- D82.1 Di George's Syndrome
Pharyngeal pouch syndrome
Thymic aplasia
Thymic aplasia or hypoplasia with immunodeficiency
- D82.2 Immunodeficiency with short-limbed stature
- D82.3 Immunodeficiency following hereditary defective response to Epstein-Barr virus
X-linked lymphoproliferative disease
- D82.4 Hyperimmunoglobulin E (IgE) syndrome
- D82.8 Immunodeficiency associated with other specified major defects
- D82.9 Immunodeficiency associated with major defect, unspecified

D81 Combined Immunodeficiencies

- D81.0* Severe combined immunodeficiency (SCID) with reticular dysgenesis
- D81.1* Severe combined immunodeficiency (SCID) with low or normal B-cell numbers
- D81.2* Severe combined immunodeficiency (SCID) with low or normal B-cell numbers
- D81.4 Nezelof's syndrome
- D81.6* Major histocompatibility complex class I deficiency
Bare lymphocyte syndrome
- D81.7* Major histocompatibility complex class II deficiency
- D81.89* Other combined immunodeficiencies
- D81.9* Combined immunodeficiency, unspecified severe combined immunodeficiency disorder (SCID) NOS

D83 Common variable immunodeficiency

- D83.0* Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
- D83.1 Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
- D83.2* Common variable immunodeficiency with autoantibodies to B- or T-cells
- D83.8* Other common variable immunodeficiencies
- D83.9* Common variable immunodeficiency, unspecified.

*Medicare Part B-approved diagnosis codes for treatment with Hizentra in the home.

If you have questions, please call EPSrx at 844-800-5377. Hours of Operation: Mon & Fri from 9 am to 2:30 pm; Tues & Thurs 9am to 4:30pm; Wed 8:30am to 4:30 pm CST



CALL: 844-800-5377
FAX: 800-239-0363
www.evolutionaryrx.com

SCIG ORDER FORM

Date Shipment Needed: _____
Ship To: Patient Physician Nursing Needed Training Needed
▶ All the supplies including syringes and needles will be dispensed if needed.

SECTION A

PATIENT INFORMATION

Name _____ Date of Birth _____
 Address _____ Alternate / Caregive Contact _____
 City _____ State _____ Zip _____ Sex M F Weight _____
 Home Tel _____ Cell _____
 Email _____ Current Therapy _____

SECTION B

PATIENT INSURANCE INFORMATION
(Fax copy of insurance card[s] or provide the information)

Insurance Company Name 1 _____ Insurance Company Name 2 _____
 Prescriber Participating Status (check one) In Network Out of Network Prescriber Participating Status (check one) In Network Out of Network
 Policyholder's Name _____ Policyholder's Name _____
 Employer _____ Employer _____
 Insurance Phone _____ Insurance Phone _____
 Group Number _____ Policy Number _____ Group Number _____ Policy Number _____

SECTION C

TREATMENT SETTINGS

Initial Treatment Setting: Prescriber Office Home Begin treatment in clinical setting - transition to home
 Patient Training: Do you want the Specialty Pharmacy to train the patient? Yes No (Recommended number of nurse-assisted trainings = 3)
 Would you like the SP to contact you regarding nursing notes/pharmacy progress reports on the status of this SCIG patient? Yes No

SECTION D

DIAGNOSIS

D83 Common variable immunodeficiency

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SECTION E

PRESCRIPTION ORDER

Please complete weekly or biweekly (once every two weeks) Rx and ancillary supply section:
 Weekly RX: Total weekly dose _____ in grams (_____ total mLs) to be infused into 1 - 2 - 3 - 4 (circle one) subcutaneous sites
 Or
 Biweekly RX: Total biweekly dose _____ in grams (_____ total mLs) to be infused into _____ number of subcutaneous sites
 Ancillary Supplies: Using a pump (Freedom 60® or other) over _____ hours using SCIG needles (check one)
 4 6 9 12 14 mm length.
 Number of Refills _____
 Provide pump and related infusion supplies
 Concomitant Medications _____
 (Use separate page to list additional concomitant medications)
 Drug Allergies _____

Prescriber's Full Name _____
 Tax ID # _____ DEA # _____
 NPI _____
 Address _____
 City _____ State _____ Zip _____
 Office Contact _____
 Phone _____ Fax _____
 Special Instructions _____
 NKA Pharmacy to provide anaphylactic kit per provider protocol
 Pre Medication _____

SIGNATURE

DISPENSE AS WRITTEN Exact terminology may be based on state regulations. Please provide state-specific prescription language here:

 PRESCRIBER SIGNATURE (Required to process prescription) _____ Date _____

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