

Please fax all pages of completed form to your team at 808-650-6487.

To reach your team, call toll-free 808-650-6488.

Prescription & Enrollment Form
Immune Globulin

accredo[®]
677 Ala Moana Blvd., Suite 404,
Honolulu, HI 96813-5412

Four simple steps to submit your referral.

1 Patient Information



Please provide copies of front and back of all medical and prescription insurance cards.

Patient's first name _____ Last name _____ Middle initial _____
Sex at birth: Male Female Pronouns _____ Last 4 digits of SSN _____ Date of birth _____
Street address _____ Apt # _____
City _____ State _____ Zip _____
Primary phone _____ Secondary phone _____ Email address _____
Parent/guardian (if applicable) _____
Patient's primary language: English Other If other, please specify _____

2 Prescriber Information

All fields must be completed to expedite prescription fulfillment.

Prescriber's first name _____ Last name _____
License # _____ NPI # _____
Office street address _____ Suite # _____
City _____ State _____ Zip _____
If CRNP or PA-C, include Supervising Physician Info:
Supervising MD Name _____ License # _____
Office contact _____
Office phone _____ Fax _____

3 Clinical Information

Height _____ cm/in Weight _____ kg/lbs Date weight obtained _____
Home infusion Clinic infusion
New to therapy Existing therapy, next dose due _____

ICD-10 Diagnosis Code (Required):

ICD-10 immunology: D80.0 Congenital Hypogam D83.9 CVID (unspecified) D81.9 SCID (unspecified)

ICD-10 neurology: G61.81 CIDP G61.82 MMN G35 MS (rel remit) G61.0 GBS G70.01 MG

ICD-10 rheumatology: M33.20 Polymyositis M33.90 Dermatomyositis

Other _____

Allergies _____

Complete RX information on Page 2

Prior authorization checklist

Primary immune deficiency disease (PIDD)

Providing Accredo with the documentation outlined in this checklist may increase the likelihood and speed of obtaining coverage for your patients with PIDD. Coverage criteria may vary by payer.

Referral form ¹ (not required for electronic prescriptions)	
	Completed Immunoglobulin (Ig) referral form (available at accredo.com)
	Copies of the front and back of all medical insurance and prescription benefits cards
Clinical documents	
	History and Physical (H&P) and progress notes (within past 6 months) Note: H&P to include documented infection history/treatment
	Pre-treatment IgG, IgA, IgM, and Ig subclass serum levels (drawn on two different occasions when available) Current IgG, IgA, IgM, and Ig subclass serum levels
	Pre- and post-antigen testing (tetanus, pneumococcal polysaccharide or H Influenza type B) AND documentation of vaccine administration date

Medicare-approved PIDD diagnosis		
D80 – Immunodeficiency with predominantly antibody defects	D81.0 – Severe combined immunodeficiency (SCID) with reticular dysgenesis	D82.0 – Wiskott-Aldrich syndrome
D80.0 – Hereditary hypogammaglobulinemia	D81.1 – Severe combined immunodeficiency (SCID) with low T- and B-cell numbers	D82.1 – Di George’s syndrome
D80.2 – Selective deficiency of immunoglobulin A (IgA)	D81.2 – Severe combined immunodeficiency (SCID) with low or normal B-cell numbers	D82.4 – Hyperimmunoglobulin E (IgE) syndrome
D80.3 – Selective deficiency of immunoglobulin G (IgG) subclasses	D81.5 – Purine nucleoside phosphorylase (PNP) deficiency	D83 – Common variable immunodeficiency (CVID)
D80.4 – Selective deficiency of immunoglobulin M (IgM)	D81.6 – Major histocompatibility complex class I deficiency	D83.0 – CVID with predominant abnormalities of B-cell numbers and function
D80.5 – Immunodeficiency with increased immunoglobulin M (IgM)	D81.7 – Major histocompatibility complex class II deficiency	D83.1 – CVID with predominant immunoregulatory T-cell disorders
D80.6 – Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia	D81.89 – Other combined immunodeficiencies	D83.2 – CVID with autoantibodies to B- or T-cells
D80.7 – Transient hypogammaglobulinemia of infancy	D81.9 – Combined immunodeficiency, unspecified	D83.8 – Other CVIDs
D81 – Combined immunodeficiencies	D82 – Immunodeficiency associated with other major defects	D83.9 – CVID, unspecified
		G11.3 – Cerebellar ataxia with defective DNA repair

Fax completed form to 866.233.7151.

If you have any questions, please call your Accredo Provider Support Advocate, or call 866.820.4844.

1. For referral forms visit [accredo.com](https://www.accredo.com).

Prior Authorization Checklist Neuromuscular Disorders¹

Providing Accredo with the documentation outlined in this checklist may increase the likelihood and speed of obtaining coverage for your patients. Coverage criteria many vary by payer.

Referral Form (not required for electronic prescriptions)	
	Completed Immunoglobulin (Ig) referral form (available at accredo.com)
	Copies of the front and back of all medical insurance and prescription benefits cards
Clinical Documents	
	History and Physical (H&P) and progress notes ² (within past 6 months) Note: Diagnosis of the disorder must be unequivocal
	Documentation that other causes of demyelinating neuropathy have been excluded
Testing documentation: <ul style="list-style-type: none"> <input type="checkbox"/> Electrophysiological motor-sensory nerve conductions <input type="checkbox"/> Electromyography (EMG) <input type="checkbox"/> Cerebrospinal fluid (CSF) <input type="checkbox"/> Biopsy (muscle-nerve) - if necessary 	

Additional Requirements for Myasthenia Gravis	
	Tensilon test results
	Refractory to corticosteroids over a 6 month period documentation
	Ongoing Ig treatment must be documented in H&P and progress notes ²
Additional Requirements for Polymyositis and Dermatomyositis Diagnosis	
	Creatine phosphokinase (CPK) values
	Electromyography (EMG) and/or muscle biopsy results

¹ This Neuromuscular Disorders checklist is based on Medicare Part B guidelines related to Guillain-Barre' syndrome (GBS), relapsing-remitting multiple sclerosis, chronic inflammatory demyelinating polyneuropathy (CIDP) (and variant syndromes such as Multifocal Motor Neuropathy (MMN)), myasthenia gravis, refractory polymyositis, and refractory dermatomyositis

² Ongoing management and documentation requirements:

- Initial improvement and continued need must be meticulously documented in progress notes
- All weaning must be attempted and documented as either amount or frequency
- Must be a stoppage in IVIG if sustained improvement is noted with weaning or no improvement has taken place at all

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