How to refer patients to AIC

At AIC, we want to make patient onboarding as easy as possible. Use the documentation checklists and associated ICD-10 diagnosis codes below to send us the required patient information—we'll take it from there.

INFORMATION NEEDED FOR PRIMARY IMMUNE DEFICIENCY DISEASE (PI) REFERRALS:

- ✓ Patient demographic sheet
- ✓ Copy of patient's insurance card
- ✓ Prescription (including dose and frequency)
- ✓ H&P (including supporting documentation of infection history)
- ✓ Serum immunoglobulin levels (including IgA, IgG and IgM)
- ✓ Ig1, Ig2, Ig3 and Ig4 subclass report (if available)
- ✓ Recent BUN and creatinine results
- ✓ Vaccine challenge test results and titer values
- ✓ Vascular Access Device (VAD) report, if applicable

INFORMATION NEEDED FOR NEUROLOGY THERAPY REFERRALS:

- ✓ Patient demographic sheet
- ✓ Copy of patient's insurance card
- ✓ Prescription (including dose and frequency)
- ✓ H&P
- ✓ Recent BUN and creatinine results
- ✓ Nerve conduction velocity study
- ✓ Lumbar puncture showing CSF protein levels
- ✓ Diagnostic studies: nerve conduction studies/ EMG/ muscle biopsy/ CK levels
- ✓ Vascular Access Device (VAD) report, if applicable

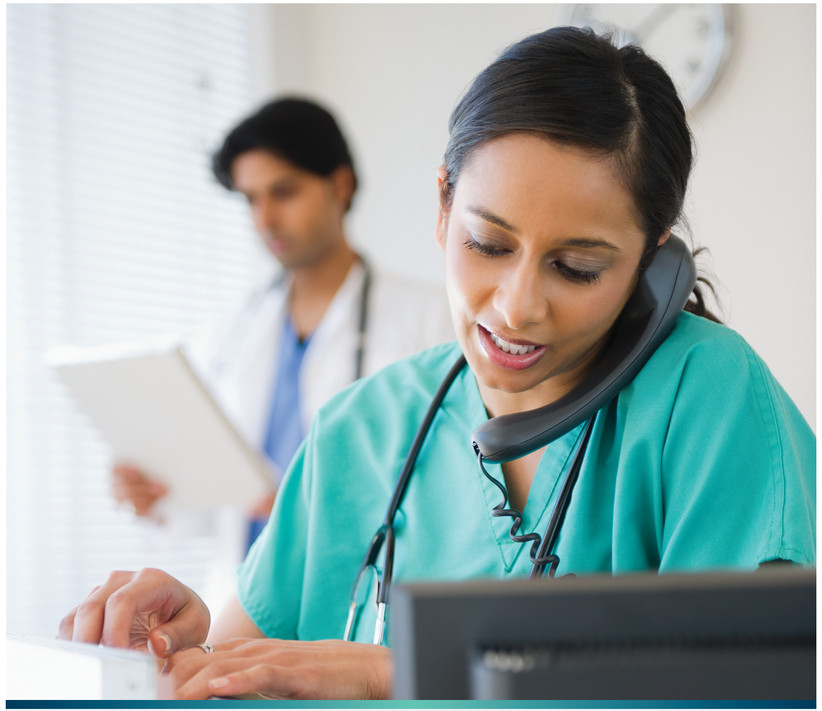
*Common ICD-10 codes for PI therapy:**

ICD-10 CODE	DESCRIPTION
D80.0†	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
D80.2‡	Selective deficiency of IgA
D80.3‡	Selective deficiency of IgG subclasses
D80.5‡	Immunodeficiency with increased IgM
D80.6‡	Antibody deficiency with near-normal immunoglobulins
D81.0†	SCID with reticular dysgenesis
D81.1†	SCID with low T- and B-cell numbers
D81.2†	SCID with low or normal B-cell numbers
D81.6†	Major histocompatibility complex class I deficiency
D81.7†	Major histocompatibility complex class II deficiency
D81.89†	Other combined immunodeficiencies
D81.9†	Combined immunodeficiency, unspecified
D82.0†	Wiskott-Aldrich syndrome
D82.9	Immunodeficiency associated with major defect, unspecified
D83.0†	CVID with predominant abnormalities of B-cell numbers and function
D83.1‡	CVID with predominant immunoregulatory T-cell disorders
D83.2†	CVID with autoantibodies to B- or T-cells
D83.8†	Other common variable immunodeficiencies
D83.9†	CVID, unspecified

*Common ICD-10 codes for neurology therapy:**

ICD-10 CODE	DESCRIPTION
D89.8	Disorder involving the immune mechanism, unspecified
G25.82	Stiff-man syndrome
G35	Multiple sclerosis (RRMS)
G60.9	Hereditary and idiopathic neuropathy, unspecified
G61	Inflammatory polyneuropathy
G61.0	Guillain-Barre syndrome
G61.81	Chronic inflammatory demyelinating polyneuritis
G61.82	Multifocal motor neuropathy
G61.9	Inflammatory polyneuropathy, unspecified
G70.0	Myasthenia gravis and other myoneural disorders
G70.01	Myasthenia gravis with (acute) exacerbation
G70.80	Lambert-Eaton syndrome, unspecified
G72.41	Inclusion body myositis
G72.49	Other inflammatory and immune myopathies
G73.1	Lambert-Eaton syndrome in neoplastic disease
M34.82	Scleroderma
M32.19	Systemic lupus erythematosus
M33.1	Dermatomyositis
M33.2	Polymyositis

*These ICD-10 codes fall under the disease states listed in Jolles, S et al. Clinical uses of intravenous immunoglobulin. *Clin Exp Immunol.* 2005;142(1):1-11. doi:10.1111/j.1365-2249.2005.02834.
†These ICD-10 codes reflect diagnoses that are payable for IG home infusion under Medicare Part B as published in IDF: *SCID Compass*. More PI diagnoses covered for home Ig replacement therapy under Medicare Part B. July 2019. https://primaryimmune.org/scid-compass/news/more-pi-diagnoses-covered-home-ig-replacement-therapy-under-medicare-part-b.
‡These ICD-10 codes were added per CMS guidelines, effective August 2019, as published in IDF: *SCID Compass*. See reference directly above.



It's easy to get started

At AIC, we want to be your partner in patient care. To get your patients started on infusion therapy, simply complete a referral form—forms for both IV and SubQ therapies are on our website (advancedinfusioncare.com). Submit the referral form along with the patient's Vascular Access Device (VAD) report, if applicable. Once the referral is evaluated by a clinical review specialist, an AIC representative will be in touch.

To learn more about our in-home infusion services or the products we offer, please contact us.

advancedinfusioncare.com | 800.482.8466

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Advanced Infusion Care

Advancing quality. Improving lives.

Advancing quality in IV and SubQ immunoglobulin therapy

Your partner in patient care

At Advanced Infusion Care, a division of AIS Healthcare, we apply a team approach to intravenous (IV) and subcutaneous (SubQ) immunoglobulin therapy patient care.

Collaboration between physicians and the nationally accredited AIC home infusion team ensures the consistent delivery of patient-specific, specialized in-home infusion services to patients across the country, helping to improve outcomes—and lives.

DOING MORE OF WHAT MATTERS

✓ A team approach to infusion care

Every AIC patient has 24/7 access to a dedicated team of experienced clinical and support staff, including Clinical Pharmacists, Infusion Nurse Specialists, Patient Care Managers and Intake Managers.

✓ Nationally recognized quality

Dually accredited by URAC and the Accreditation Commission for Health Care (ACHC), AIC is a member of the Immunoglobulin National Society (IgNS) and is regularly inspected by National and State Boards of Pharmacy.

✓ Billing and reimbursement made easy

We work with patients, our large network of payers and your office to secure needed authorizations and complete clinical paperwork as well as offer financial assistance to qualifying patients.

✓ Supply to meet your needs

We have long-term agreements with multiple suppliers to provide you and your patients with the right Ig infusion therapy.

urac ACCREDITED Specialty Pharmacy 11/01/2022

ACHC

IgNS CORPORATE MEMBER *Advancing Ig Therapy Practice Together*

Discover our selection of immunoglobulin products

Learn more about the IV and SubQ immunoglobulin therapy products that we offer. Want selection or dosing guidance? Our clinical pharmacists are ready to help you pick the products that meet the health conditions and restrictions of your patients.

	ASCENIV™	BIVIGAM®	CUTAQUIG®	GAMMAGARD LIQUID®	GAMMAGARD® S/D	GAMMAKED™	GAMMAPLEX®	GAMUNEX®-C	HIZENTRA®	HYQVIA®	OCTAGAM®	PANZYGA®	PRIVIGEN®	XEMBIFY®
Manufacturer	ADMA Biologics Inc.	ADMA Biologics Inc.	Octapharma	Takeda	Takeda	Kedrion	Bio Products Laboratory	Grifols	CSL Behring	Takeda	Octapharma	Pfizer	CSL Behring	Grifols
Indications	PI	PI	PI	IV: PI, MMN; SubQ: PI	PI, ITP, B-cell CLL, Kawasaki disease	IV: PI, ITP, CIDP; SubQ: PI	PI, ITP	IV: PI, ITP, CIDP; SubQ: PI	PI, CIDP	PI	5%: PI; 10%: ITP	PI, ITP	PI, ITP	PI
Form	Liquid	Liquid	Liquid	Liquid	Lyophilized	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid
Shelf life and storage requirements	Refrigerate at 2–8°C (36–46°F). Do not freeze or heat. Do not use after expiration date.	Stored until expiration date on vial packaging at 2–8°C (36–46°F)	24 months (refrigerated) 6 months (room temperature storage not exceeding 77°F)	36 months (refrigerated) 24 months (room temperature storage not exceeding 77°F)	24 months (room temperature storage)	36 months	36 months (room temperature storage)	36 months	30 months (room temperature storage)	36 months (refrigerated at 36–46°F) 3 months (room temperature storage not exceeding 77°F)	24 months	24 months (refrigerated up to 46°F) 9 months (room temperature storage not exceeding 77°F)	36 months (room temperature storage)	36 months (refrigerated at 36–46°F) 6 months (room temperature storage not exceeding 77°F)
Reconstitution time	None (liquid solution)	None (liquid solution)	None (liquid solution)	None (liquid solution)	n/a	None (liquid solution)	None (liquid solution)	None (liquid solution)	None (liquid solution)	None (liquid solution)	None (liquid solution)	None (liquid solution)	None (liquid solution)	None (liquid solution)
Available concentration	10%	10%	16.5%	10%	5%	10%	5%; 10%	10%	20%	10%	5%; 10%	10%	10%	20%
Maximum recommended infusion rate	Up to 0.08 mL/kg per minute	Up to 6 mL/kg/ minute	Up to 100 mL/ hour at all sites combined	5 mL/kg per hour; ≥40 kg BW: 30 mL/site at 20–30 mL/ hour per site ≤40 kg BW: 20 mL/site at 15–20 mL/hour per site	4 mL/kg per hour	4.8 mL/ kg per hour; 20 mL/ per hour	4.8 mL/kg per hour	4.8 mL/ kg per hour; 20 mL/ per hour	Up to 25 mL/ hour per site (50 mL/hour for all sites combined)	<40 kg BW: maximum of 16 mL/site >40 kg BW: maximum of 16 mL/site	≤4.2 mL/kg per hour	0.01 mL/kg per minute	4.8 mL/kg per hour	25 mL/hour per site
Time to infuse 35 g	Varies based on volume and tolerability	Varies based on volume and tolerability	Varies based on patient tolerability	Varies based on patient tolerability	Varies based on patient tolerability	Varies based on administration method	2 hrs, 40 min for a 70 kg person, if infused according to PI; 1 hr, 53 min for a 70 kg person, if infused according to PI	Varies based on administration method	Varies based on volume and tolerability	Varies based on patient tolerability	2 hours, 30 minutes	Varies based on patient tolerability	Varies based on patient tolerability	Varies based on volume and tolerability
Sugar content	Contains no sucrose	Contains no sucrose/glucose/ maltose	79 mg/mL (maltose)	No added sugars	20 mg/mL (glucose)	None	5% D-sorbitol (polyol); None	None	None	No added sugars	10 mg/mL (maltose)	None	None	None
Sodium content	0.100–0.140 M (sodium chloride)	0.100–0.140 M (sodium chloride)	≤30 mmol/L	No added sodium	8.5 mg/mL (sodium chloride)	Trace amounts	30–50 mmol/L; < 30 mM	Trace amounts	Trace amounts (≤10 mmol/L)	8.5 mg/mL in HYQVIA (none in immunoglobulin)	≤30 mmol/L	Trace amounts	Trace amounts	Trace amounts
Osmolarity/ osmolality	240–310 mOsm/kg	454–472 mOsm/kg	310–380 mOsm/kg	240–300 mOsm/kg	636 mOsm/kg	258 mOsm/kg	460 - 500 mOsm/kg; ~280 mOsmol/kg	258 mOsm/kg	380 mOsm/kg	240–300 mOsm/kg	310–380 mOsm/kg	240–310 mOsm/kg	Isotonic (380 mOsmol/kg)	280–404 mOsm/kg
pH	4.0–4.6	4.0–4.6	5.0–5.5	4.6–5.1	6.8 ± 0.4	4.0–4.5	4.6 – 5.1; 4.9 – 5.2	4.0–4.5	4.6–5.2	4.6–5.1	5.1–6.0	4.5–5.0	4.8	4.1–4.8
IgA content	≤ 200 µg/mL	Contains trace amounts of IgA	≤0.6 mg/mL	37 µg/mL	<1 µg/mL	46 µg/mL	<4 mcg/mL (average); < 20 mcg/mL (specification value)	46 µg/mL	≤50 mcg/mL	37 µg/mL	100 µg/mL	100 µg/mL (average)	≤25 mcg/mL	IgA <0.07 mg/ mL
Approved method of administration	IV	IV	SubQ	IV; SubQ	IV	IV; SubQ	IV	IV; SubQ	SubQ	SubQ	IV	IV	IV	SubQ