

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.



ACCREDITED
Specialty Pharmacy
11/01/2022



IgNS CORPORATE
MEMBER
Advancing Ig Therapy Practice Together



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:	INFORMATION NEEDED FOR NEUROLOGY THERAPY REFERRALS:																																																																																		
<ul style="list-style-type: none"> ✓ 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 	<ul style="list-style-type: none"> ✓ 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 																																																																																		
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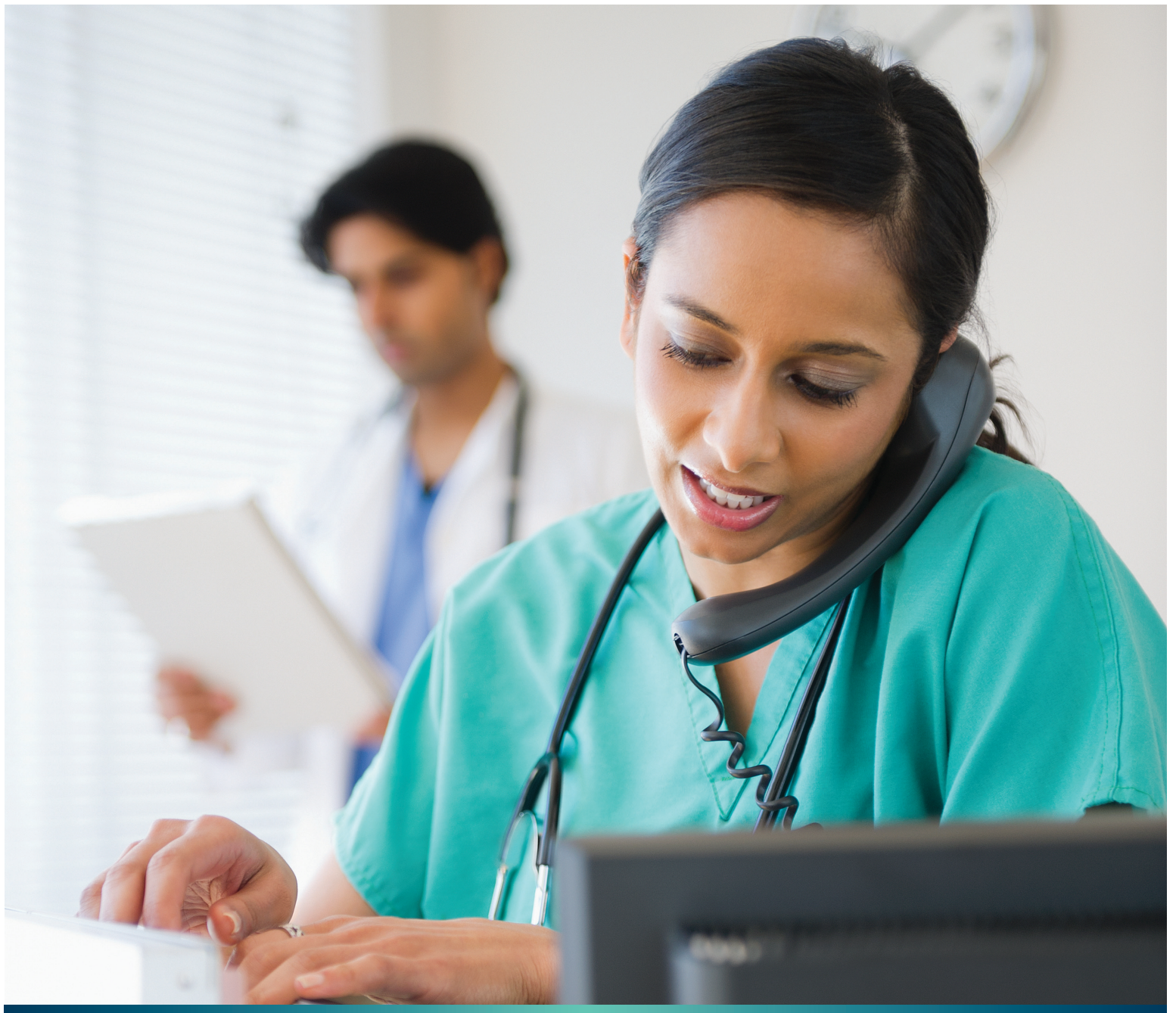
*These ICD-10 codes fall under the disease states listed in Jolles, S et al. Clinical uses of intravenous immunoglobulin. *Clin Exp Immunol.* 2005;142(1):1-11. doi:10.1111/j.1365-2249.2005.02834.
[†]These ICD-10 codes reflect diagnoses that are payable for IG home infusion under Medicare Part B as published 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.

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™	
Manufacturer	ADMA Biologics Inc.	ADMA Biologics Inc.	Octapharma	Takeda		Takeda	Kedrion	
Indications	PI	PI	PI	IV: PI, MMN	SubQ: PI	PI, ITP, B-cell CLL, Kawasaki disease	IV: PI, ITP, CIDP	SubQ: PI
Form	Liquid	Liquid	Liquid	Liquid		Lyophilized	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	
Reconstitution time	None (liquid solution)	None (liquid solution)	None (liquid solution)	None (liquid solution)		n/a	None (liquid solution)	
Available concentration	10%	10%	16.5%	10%		5%	10%	
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
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	
Sugar content	Contains no sucrose	Contains no sucrose/glucose/maltose	79 mg/mL (maltose)	No added sugars		20 mg/mL (glucose)	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	
Osmolarity/osmolality	240–310 mOsm/kg	454–472 mOsm/kg	310–380 mOsm/kg	240–300 mOsm/kg		636 mOsm/kg	258 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	
IgA content	≤200 µg/mL	Contains trace amounts of IgA	≤0.6 mg/mL	37 µg/mL		<1 µg/mL	46 µg/mL	
Approved method of administration	IV	IV	SubQ	IV	SubQ	IV	IV	SubQ

GAMMAPLEX®		GAMUNEX®-C		HIZENTRA®	HYQVIA®	OCTAGAM®		PANZYGA®	PRIVIGEN®	XEMBIFY®
Bio Products Laboratory		Grifols		CSL Behring	Takeda	Octapharma		Pfizer	CSL Behring	Grifols
PI, ITP		IV: PI, ITP, CIDP	SubQ: PI	PI, CIDP	PI	5%: PI	10%: ITP	PI, ITP	PI, ITP	PI
Liquid		Liquid		Liquid	Liquid	Liquid		Liquid	Liquid	Liquid
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)
None (liquid solution)		None (liquid solution)		None (liquid solution)	None (liquid solution)	None (liquid solution)		None (liquid solution)	None (liquid solution)	None (liquid solution)
5%	10%	10%		20%	10%	5%	10%	10%	10%	20%
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
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
5% D-sorbitol (polyol)	None	None		None	No added sugars	10 mg/mL (maltose)		None	None	None
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
460–500 mOsm/kg	~280 mOsm/kg	258 mOsm/kg		380 mOsm/kg	240–300 mOsm/kg	310–380 mOsm/kg		240–310 mOsm/kg	Isotonic (380 mOsm/kg)	280–404 mOsm/kg
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
<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
IV		IV	SubQ	SubQ	SubQ	IV		IV	IV	SubQ



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