

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.



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 (PI) DEFICIENCY DISEASE 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	
Common ICD-10 codes for PI therapy*: ICD-10 CODE DESCRIPTION		Common ICD-10 codes for neurology therapy*: ICD-10 CODE DESCRIPTION	
D80.0 [†]	Hereditary hypogammaglobulinemia	D89.8	Disorder involving the immune mechanism, unspecified
D80.1	Nonfamilial hypogammaglobulinemia	G25.82	Stiff-man syndrome
D80.2 [‡]	Selective deficiency of IgA	G35	Multiple sclerosis (RRMS)
D80.3 [‡]	Selective deficiency of IgG subclasses	G60.9	Hereditary and idiopathic neuropathy, unspecified
D80.5 [‡]	Immunodeficiency with increased IgM	G61	Inflammatory polyneuropathy
D80.6 [‡]	Antibody deficiency with near-normal immunoglobulins	G61.0	Guillain-Barre syndrome
D81.0 [†]	SCID with reticular dysgenesis	G61.81	Chronic inflammatory demyelinating polyneuritis
D81.1 [†]	SCID with low T- and B-cell numbers	G61.82	Multifocal motor neuropathy
D81.2 [†]	SCID with low or normal B-cell numbers	G61.9	Inflammatory polyneuropathy, unspecified
D81.6 [†]	Major histocompatibility complex class I deficiency	G70.0	Myasthenia gravis and other myoneural disorders
D81.7 [†]	Major histocompatibility complex class II deficiency	G70.01	Myasthenia gravis with (acute) exacerbation
D81.89 [†]	Other combined immunodeficiencies	G70.80	Lambert-Eaton syndrome, unspecified
D81.9 [†]	Combined immunodeficiency, unspecified	G72.41	Inclusion body myositis
D82.0 [†]	Wiskott-Aldrich syndrome	G72.49	Other inflammatory and immune myopathies
D82.9	Immunodeficiency associated with major defect, unspecified	G73.1	Lambert-Eaton syndrome in neoplastic disease
D83.0 [†]	CVID with predominant abnormalities of B-cell numbers and function	M34.82	Scleroderma
D83.1 [‡]	CVID with predominant immunoregulatory T-cell disorders	M32.19	Systemic lupus erythematosus
D83.2 [†]	CVID with autoantibodies to B- or T-cells	M33.1	Dermatomyositis
D83.8 [†]	Other common variable immunodeficiencies	M33.2	Polymyositis
D83.9 [†]	CVID, unspecified		

*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®		GAMMAPLEX®		HIZENTRA®		PRIVIGEN®		GAMUNEX™-C		XEMBIFY®		GAMMAKED™		CUTAQUIG®		OCTAGAM®		PANZYGA®		CUVITRU™		GAMMAGARD LIQUID®		GAMMAGARD® S/D		HYQVIA®	
Manufacturer	ADMA Biologics Inc.		Bio Products Laboratory		CSL Behring		Grifols			Kedrion		Octapharma			Pfizer		Takeda													
Indications	PI	PI	PI, ITP		PI, CIDP	PI, ITP	IV: PI, ITP, CIDP	SubQ: PI	PI	IV: PI, ITP, CIDP	SubQ: PI	PI	5%: PI	10%: ITP	PI, ITP	PI (patients >2 yrs of age)	IV: PI, MMN	SubQ: PI	PI, ITP, B-cell CLL, Kawasaki disease		PI									
Form	Liquid	Liquid	Liquid		Liquid	Liquid	Liquid		Liquid	Liquid		Liquid	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid	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)	36 months (room temperature storage)		30 months (room temperature storage)	36 months (room temperature storage)	36 months		36 months (refrigerated at 36-46°F) 6 months (room temperature storage not exceeding 77°F)	36 months		24 months (refrigerated) 6 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)	12 months room temperature (do not exceed 25°C/77°F)	36 months (refrigerated) 24 months (room temperature storage not exceeding 77°F)		24 months (room temperature storage)		36 months (refrigerated at 36-46°F) 3 months (room temperature storage not exceeding 77°F)									
Reconstitution time	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)	None (liquid solution)	None (liquid solution)	None (liquid solution)	None (liquid formulation)	None (liquid solution)		n/a		None (liquid solution)									
Available concentration	10%	10%	5%	10%	20%	10%	10%		20%	10%		16.5%	5%	10%	10%	20%	10%	5%		10%										
Maximum recommended infusion rate	Up to 0.08 mL/kg per minute	Up to 6 mL/kg/ minute	4.8 mL/kg per hour		Up to 25 mL/ hour per site (50 mL/hour for all sites combined)	4.8 mL/kg per hour	4.8 mL/ kg per hour	20 mL/ per hour	25 mL/hour per site	4.8 mL/ kg per hour	20 mL/ per hour	Up to 100 mL/ hour at all sites combined	≤4.2 mL/kg per hour		0.01 mL/kg per minute	First 2 infusions: 10-20 mL/hr/site All subsequent infusions: up to 60 mL/ hr/site	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		<40 kg: ≤300 mL per injection site ≥40 kg: ≤600 mL per injection site									
Time to infuse 35 g	Varies based on volume and tolerability	Varies based on volume and tolerability	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 volume and tolerability	Varies based on patient tolerability	Varies based on administration method		Varies based on volume and tolerability	Varies based on administration method		Varies based on patient tolerability	2 hours, 30 minutes		Varies based on patient tolerability	Varies based on patient tolerability	Varies based on patient tolerability		Varies based on patient tolerability		Varies based on patient tolerability									
Sugar content	Contains no sucrose	Contains no sucrose/glucose/ maltose	5% D-sorbitol (polyol)	None	None	None	None		None	None		79 mg/mL (maltose)	10 mg/mL (maltose)		None	No added sugar	No added sugars		20 mg/mL (glucose)		No added sugars									
Sodium content	0.100-0.140 M (sodium chloride)	0.100-0.140 M (sodium chloride)	30-50 mmol/L	<30 mM	Trace amounts (≤10 mmol/L)	Trace amounts	Trace amounts		Trace amounts	Trace amounts		≤30 mmol/L	≤30 mmol/L		Trace amounts	No added sodium	No added sodium		8.5 mg/mL (sodium chloride)		8.5 mg/mL in HYQVIA (none in immunoglobulin)									
Osmolarity/ osmolality	240-310 mOsm/kg	454-472 mOsm/kg	460-500 mOsm/kg	~280 mOsm/kg	380 mOsm/kg	Isotonic (380 mOsm/kg)	258 mOsm/kg		280-404 mOsm/kg	258 mOsm/kg		310-380 mOsm/kg	310-380 mOsm/kg		240-310 mOsm/kg	280-292 mOsm/kg	240-300 mOsm/kg		636 mOsm/kg		240-300 mOsm/kg									
pH	4.0-4.6	4.0-4.6	4.6-5.1	4.9-5.2	4.6-5.2	4.8	4.0-4.5		4.1-4.8	4.0-4.5		5.0-5.5	5.1-6.0		4.5-5.0	4.6-5.1	4.6-5.1		6.8 ± 0.4		4.6-5.1									
IgA content	≤200 µg/mL	Contains trace amounts of IgA	<4 mcg/mL (average)	<20 mcg/mL (specification value)	≤50 mcg/mL	≤25 mcg/mL	46 µg/mL		IgA <0.07 mg/ mL	46 µg/mL		≤0.6 mg/mL	100 µg/mL		100 µg/mL (average)	80 µg/mL	37 µg/mL		<1 µg/mL		37 µg/mL									
Approved method of administration	IV	IV	IV		SubQ	IV	IV	SubQ	SubQ	IV	SubQ	SubQ	IV		IV	SubQ	IV	SubQ	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

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