

# References

## References

Abdou NI, et al. Efficacy of intravenous gammaglobulin for immunoglobulin G subclass and/or antibody deficiency in adults. *Int Arch Allergy Immunol.* 2009;149(3):267-274.

Amgen Assist. Reimbursement for physician-purchased and physician-administered drugs: Understanding the buy and bill process. Publication no 60889-R5-V1.

Busse W, Corren J, Lanier BQ, McAlary M, Fowler-Taylor A, Cioppa GD, van As A, Gupta N. Omalizumab, anti-IgE recombinant humanized monoclonal antibody, for the treatment of severe allergic asthma. *J Allergy Clin Immunol.* 2001;108(2):184-190.

Castro M, Zangrilli J, Wechsler ME, Bateman ED, Brusselle GG, Bardin P, Murphy K, et al. Reslizumab for inadequately controlled asthma with elevated blood eosinophil counts: results from two multicentre, parallel, double-blind, randomised, placebo-controlled, phase 3 trials. *Lancet Respir Med.* 2015;3(5):355-366.

Haas DA, Krosner YC, Mukerji N, Kaplan RS. Delivering higher value care means spending more time with patients. *Harvard Business Review.* December 26, 2014. Available at [📄](#)

James J, Hibbard J, Agres T, Lott R, Dentzer S. Patient engagement. Health Policy Briefs. February 14, 2013. Available at [📄](#)

Managing an in-office infusion practice. *The Rheumatologist.* August 8, 2012. [📄](#) Accessed May 17, 2017.

Ortega HG, Liu MC, Pavord ID, Brusselle GG, FitzGerald JM, Chetta A, Humbert M, et al. Mepolizumab treatment in patients with severe eosinophilic asthma. *Lancet Respir Med.* 2015;3(5):355-366.

The Joint Commission. Ambulatory care accreditation overview. 2017. Available at [📄](#)

Versel N. Build your own infusion clinic. *Biotechnol Healthc.* 2005; 2(1):35-36, 39-40. Available at [📄](#)

## Links Provided in This Toolkit

### CE PROGRAMS

Accreditation Association for Ambulatory Health Care, Inc.: [📄](#)

CE for infusion nurses: [📄](#)

Recertification for infusion nurses: [📄](#)

Standards of Practice for Infusion Nurses (eBook for purchase): [📄](#)

CE for billing and coding staff: [📄](#)

### GUIDANCE FOR PRIOR AUTHORIZATION

#### Medication Guides

(list not all-inclusive; representative sampling only)

Omalizumab (Xolair): [📄](#)

Mepolizumab (Nucala): [📄](#)

Reslizumab (Cinqair): [📄](#)

Gammagard (IVIG or SCIG) FAQs: [📄](#)

Gamunex-C (IVIG or SCIG): Prescribing Information and Medication Guide: [📄](#)

Privigen (IVIG): [📄](#)

> Practitioner/Clinician Infusion Guide: [📄](#)

> Patient Support Services (a top-line guide): [📄](#)

### MARKETING RESOURCES

PracticeDock. How to create an amazingly successful physician marketing plan & budget. [📄](#)

Gelb. Physician marketing & outreach. [📄](#)

## NATIONAL INFUSION CENTER ASSOCIATION [📄](#)

### PATIENT ASSISTANCE PROGRAMS

(list not all-inclusive; representative sampling only)


Omalizumab (Xolair): [📄](#)

Mepolizumab (Nucala): [📄](#)

Reslizumab (Cinqair): [📄](#)

Gammagard (IVIG or SCIG) FAQs: [📄](#) or [📄](#)

Gamunex-C (IVIG or SCIG): 

Privigen (IVIG): 

## PAYMENT ALLOWANCES FOR MEDICARE PART B DRUGS