

IVIG/Subcutaneous IG Order

Patient Name: _____ DOB: _____ Male Female

Diagnosis (please provide ICD10 code): _____

Other: _____

NKDA Allergies: _____

New Therapy Order Continuation of Therapy Date of last dose: _____

Ordering Provider Name: _____

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

Pre-Medication:

- Acetaminophen _____mg by PO
- Cetirizine _____mg by PO
- Diphenhydramine _____mg by PO/ IVP
- Solu-Medrol _____mg by PO/ IVP
- Solu-Cortef _____mg by PO/ IVP
- Other: _____

Required Documentation:

- Patient Demographics
- Patient Insurance (med and pharm card copies, front and back)
- Progress Notes/Labs supporting diagnosis
- CBC, CMP
- Other: _____

IVIG/Subcutaneous IG medications may be weight based:

Patient Height (cm): _____ Patient Weight (kg): _____ Use adjusted body weight for BMI > 30

IVIG Medication Order:

OR

Subcutaneous IG Medication Order:

- Asceniv (10%)
- Octagam (10%)
- Panzyga (10%)
- Gammagard (10%)
- Gammaked (10%)
- Gammunex-C (10%)
- Infusion Center's Discretion*
- Other: _____

- Xembify (20%)
- Hizentra (20%)
- Cuvitru (20%)
- Cutaquig (16.5%)
- HyQvia (10%)
- Infusion Center's Discretion*
- Other: _____

Dosage and Frequency (choose one):

- _____ g/day x _____ days
- _____ mg/kg every _____ weeks for _____ doses
- One-time dose of _____
- Other: _____

Pharmacist to identify clinically appropriate IG brand and infusion rates. May substitute product based on product availability. Infuse entire contents of IG infusion bag/ vial(s) per current dose. May infuse +/- 4 days to allow for patient scheduling. May round dose to nearest whole 5 gm vial for IV doses and nearest single-use vial size for subcutaneous doses.

Additional Instructions/Notes:

Patient IV Access for IVIG

- PIV
- Use patient's SL/DL PICC, flush per protocol
- Access/deaccess patient's Port, flush per protocol
- *Imaging results of proper placement required for PICC/Port

Ordering Provider:

Signature: _____

Date: _____ Fax: _____

Provider: _____

Phone: _____

Best Contact Person in Office: _____

Phone: _____

Locations:

- Skokie, IL: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
- Libertyville, IL: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
- Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400