

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:

- ☐ mg/kg x _____ day(s) OR divided over _____ day(s) ☐ every _____ weeks x1 year ☐ Other: _____
- ☐ gm/kg
- ☐ grams

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