

Fax all pages of this referral to our secure fax at (855) 270-7347.

Patient Information

Date:	Requested Start of Care Date:	State of pt's residence:
Patient name:		Date of birth:
Height:	Weight: lb / kg	
Primary Diagnosis:		ICD-10:
Secondary Diagnosis:		ICD-10:
Allergies:		

HYQVIA (Facilitated Subcutaneous Immune Globulin) Orders (*doses will be rounded to the nearest vial size)

HYQVIA _____ gm **OR** HYQVIA _____ gm / kg [Dosing for HYQVIA administered subcutaneously is the same as IV dosing (1:1)]

Option 1: Administer _____ every 3 weeks _____ every 4 weeks following manufacturer recommended ramp up below.
(+ / - _____ days for scheduling flexibility)

Treatment Interval		Every 4 Week HyQvia Dose*	Every 3 Week HyQvia Dose*
1st dose	Week 1	Maintenance dose gm x 0.25 _____ grams	Maintenance dose gm x 0.33 _____ grams
2nd dose	Week 2	Maintenance dose gm x 0.50 _____ grams	Maintenance dose gm x 0.67 _____ grams
3rd dose	Week 4	Maintenance dose gm x 0.75 _____ grams	Full maintenance dose _____ grams
4th dose	Week 7	Full maintenance dose _____ grams	

Option 2: Omit ramp up & administer _____ every 3 weeks _____ every 4 weeks _____ week(s)
(+ / - _____ days for scheduling flexibility)

Other: _____

- Pharmacy to determine the # of sites unless alternate number of sites indicated here: _____
- Refill _____ months (Unless noted, prescriptions valid 1 year from date signed.) • Dispense size(s) and quantity sufficient

Premedication Orders / Other Orders

Patient Type	Drug	Description / Dispense Quantity Sufficient	Dose	Route / Frequency	Decline
Adult & Pediatric ≥12 years (if not at least 95 lb., follow <12 years dosing)	Acetaminophen	325 mg tab or 160 mg/5 ml oral 120 ml	325 - 650 mg	Orally pre-Ig prn. May repeat q 4 - 6 hr prn. Max 3 gm/day.	Decline <input type="checkbox"/>
Pediatric 0 - 11 years		160 mg/5 ml oral 120 ml	10 mg/kg (round to nearest 1/4 tsp)	Orally pre-Ig prn. May repeat q 4 - 6 hr prn. Max 50 mg/kg/day.	
Adult	Diphenhydramine	25 mg tab or 12.5 mg/5 ml oral 120 ml	25 - 50 mg	Orally pre-Ig prn. May repeat q 4 - 6 hr prn.	Decline <input type="checkbox"/>
Pediatric ≥ 12 years		12.5 mg/5 ml oral 120 ml	12.5 - 25 mg		
Pediatric 6 - 11 years		12.5 mg/5 ml oral 120 ml	6.25 mg		
Pediatric 2 - 5 years					
Adult & Pediatric ≥6 years	Loratadine (if excessive drowsiness from diphenhydramine)	10 mg tab or 5 mg/5 ml oral 120 ml	10 mg	Orally pre-Ig prn. No repeat.	Decline <input type="checkbox"/>
Pediatric 2 - 5 years		5 mg/5 ml oral 120 ml	5 mg		
All	Lidocaine/prilocaine 2.5%/2.5% cream	30 gm tube (or other available size)	Apply topically 60" prior to subcutaneous needle placement and cover with occlusive dressing prn.		Decline <input type="checkbox"/>

Other Orders: _____

Patient Name:	State of pt's residence:
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Anaphylaxis Orders (includes drugs/orders if loading IV dose ordered)

Patient Type	Drug	Description / Dispense Quantity Sufficient	*Reaction Severity	Dose	Route/Frequency
Adult	Diphenhydramine	25 mg tab #24 or 12.5 mg/5 ml oral 120 ml	Mild or Severe	50 mg	Orally every 6 hr.
Pediatric		12.5 mg/5 ml oral 120 ml		1.25 mg/kg (max 50 mg)	
Adult & Pediatric >66 lbs	Epinephrine	0.3 mg Auto-Injector #2	Severe	0.3 mg	IM x 1 dose. May repeat in 5 - 15 minutes as needed.
Pediatric 33 - 66 lbs		0.15 mg Auto-Injector #2		0.15 mg	
Pediatric <33 lbs		1 mg/ml 1 ml vial/amp #2		0.01 mg/kg	
Adult and Pediatric	Sodium chloride 0.9%	250 ml IV Bag #1	Severe (IV only)	250 ml	Stop causative drug, then administer IV at KVO rate.

*Mild allergic reactions include itching, hives, rash, nausea and/or vomiting

*Severe anaphylaxis reactions include angioedema, wheezing, difficulty breathing, swelling of eyelids or lips

Other Orders:

If IVIG Dose Needed Before HYQVIA (round dose to nearest 5 gm vial or per payer requirement; nearest vial size if weight <40 lbs)

IVIG _____ gm once daily for ___ day(s)	OR	IVIG _____ gm / kg once daily for ___ day(s)	x 1 dose / course appx. 1 week before HyQvia
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Pharmacy to select brand and/or concentration unless ordered to dispense brand as written: _____

Titrate per manufacturer guidelines as tolerated unless ordered otherwise:	Dispense size(s) & quantity sufficient
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Patient Type	Drug	Description	Dose	Route / Frequency	Decline
Adult/Pedi > 15 kg	Sodium Chloride 0.9%	10 ml syringe	1 - 3 ml	pre/post use	If IV dose
	Heparin	10 units/ml 5 ml syringe	1 - 3 ml	post last NS	
Pedi ≤ 15 kg	Sodium Chloride 0.9%	10 ml syringe	1 - 3 ml	pre/post use	
	Heparin	10 units/ml 5 ml syringe	1 ml	post last NS	

Ancillary Supplies and DME Orders (Dispense quantity sufficient)

Ancillary supplies, including a disposable IV pole, for the infusion of HyQvia subcutaneously by ambulatory infusion pump. For Medicare B: Infusion supplies for external drug infusion pump, per cassette or bag (A4222) and supplies for maintenance of drug infusion catheter, per week (A4221).

Nursing Orders

- Skilled Nursing Visits for education and teaching of HyQvia side effects / management and administration by ambulatory infusion pump.
- Nurse to administer HyQvia/IVIG per physician orders
- If IVIG loading dose: Nurse to obtain IV access via placement of peripheral IV or insertion of port needle when applicable. If IV access is not obtained after 3 attempts, nurse should contact NuFACTOR for assistance.
- If IVIG loading dose: Nurse to monitor vital signs prior to infusion, after 15 minutes, with every rate change, then every hour after achieving the maximum tolerated rate until the infusion is complete and at the end of the infusion. If vital signs fluctuate, monitor every 15 minutes until stable.
- If IVIG loading dose: Nurse to monitor and teach patient to monitor for side effects of IVIG infusion (nausea, vomiting, rash, headache, fever, chills, flu-like symptoms, increases or decreases in blood pressure). Nurse to slow the rate of infusion if patient begins experiencing side effects. If side effects are not resolved with rate reduction, nurse to contact NuFACTOR for further instruction.
- If IVIG loading dose: Nurse to monitor for signs/symptoms of IV access site infection (generalized fever and/or malaise, IV site swelling, redness, drainage, warmth or pain). Nurse to notify NuFACTOR for further instruction.
- If IVIG loading dose: Nurse to remove peripheral IV catheter after completion of infusion. If peripheral IV, may leave in place up to 5 days as long as no erythema or edema. If port, may leave access device in place up to 7 days. If PICC, change dressing weekly. Nurse to monitor for signs/symptoms of infection/infiltration.

Lab Orders (cannot be drawn stat)

Test BUN/Scr as per payer requirement (usually every 6 – 12 months)

Physician Information

Signature:	Name:
	NPI#:
	Phone:
Date:	Fax:

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For any questions, please contact NuFACTOR Specialty Pharmacy at (800) 323-6832.**