NuFACTOR Specialty Pharmacy

SCIg Orders
(Subcutaneous immune globulin)

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:		

Subcutaneous Immune Globulin Orders

Option 1: SCIG _____ **gm** **OR** SCIG _____ **gm / kg**

Option 2: Current or recommended monthly IV dose: _____ **gm** **OR** _____ **gm / kg**

Select IV:SC conversion ratio (monthly dose will be divided by frequency ordered below):

- ◯ **1:1.37** - Manufacturer IV to SC conversion ratio recommendation.
- ◯ **1:1** - Smaller dose/volume may be cost- and clinically-effective and favorable for patient ease of administration. Monitor clinical response and IgG level to determine effectiveness.

Pharmacy to select brand unless ordered to dispense brand as written: _____

- Administer the above dose ◯ once/week **OR** ◯ _____ time(s) per _____ week(s)
- Pharmacy to determine the # of sites unless alternate number of sites indicated here: _____
- For Medicare B: syringes, ☐ 60ml LL ☐ 30ml ☐ 20ml (K0552): # ___ /month

- Refill _____ months (Unless noted, prescriptions valid 1 year from date signed.) • Dispense size(s) and quantity sufficient

May round Hizentra dose to nearest single-use vial size(s) and others to nearest vials size (weight ≤40 lbs) or 5gm vial size (adults) if exact vial size dose not ordered. Hizentra is manufactured as 200 mg/ml solution in sizes of 1 gm/5 ml, 2 gm/10 ml, 4 gm/20 ml and 10 gm/50 ml. Gammagard Liquid, Gammaked and Gamunex-C are manufactured as 100 mg/ml solution in sizes of 1 gm/10 ml, 2.5 gm/25 ml (except Gammaked), 5 gm/50 ml, 10 gm/100 ml and 20 gm/200 ml (and 30 gm/300 ml for Gammagard Liquid only).

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 ☐
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 ☐
Pediatric ≥ 12 years			25 mg		
Pediatric 6 - 11 years		12.5 mg/5 ml oral 120 ml	12.5 - 25 mg		
Pediatric 2 - 5 years		12.5 mg/5 ml oral 120 ml	6.25 mg		
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 ☐
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 ☐

OTHER ORDERS	

NuFACTOR Specialty Pharmacy

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Patient Name:	State of pt's residence:

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 (auto-injector) or SC (vial/amp) 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	SC x 1 dose. May repeat in 5 – 15 minutes as needed.
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 reactions include angioedema, wheezing, difficulty breathing, swelling of eyelids or lips

Other Orders:

If IVIG Dose Needed Before SCIG (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 SCIG

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) and quantity sufficient

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 for the infusion of SCIG via Freedom 60/Edge infusion pump. For Medicare B: Supplies for maintenance of drug infusion catheter, per week (A4221).

Nursing Orders

Skilled Nursing Visits for education and teaching of SCIG side effects / management and administration by Freedom 60/Edge pump.

Nurse to administer SCIG/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.