

HYQVIA ORDERS

(FACILITATED SUBCUTANEOUS IMMUNE GLOBULIN)

Fax all pages to (855) 270-7347

Patient Information

Order Date:	Requested Start of Care Date:	Date of Birth:
Patient name:	Height:	Weight: lb / kg
Address:	City:	State: Zip:
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)

- Round dose to nearest available vial or per payer requirement. Decline
- Pharmacist to adjust dose ordered in gm/kg if weight changes +/- 10% Decline
- Pharmacy/nurse to determine the # of sites unless number of sites indicated here: _____
- Volume & rate/site per Nufactor guidelines as tolerated unless ordered otherwise.

• 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)		
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			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 <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

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FOR QUESTIONS, CALL 1.800.323.6832 | Fax all pages to (855) 270-7347

Patient Name:

Anaphylaxis Orders

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	SC x 1 dose. May repeat in 5 - 15 minutes as needed.

*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:

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 (not applicable if independent with therapy)

- Nurse to administer HyQvia and ancillary medications per physician orders
- Skilled Nursing Visits for education and teaching of HyQvia side effects / management and administration by ambulatory infusion pump.

Other

Physician Information

Signature:

Name:

NPI#:

Address:

Date:

Phone:

Fax:

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