

**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		
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"/>

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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**

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**Physician Information**

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

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