

# HyQvia (Immune Globulin Infusion 10%(Human) with Recombinant Human Hyaluronidase)

Provider Order Form rev 11/11/2024

## PATIENT INFORMATION

Referral Status:  New Referral  Updated Order  Order Renewal

Patient Name:	DOB:	Patient Phone:
Patient Address:	Patient Email:	
Allergies:	<input type="checkbox"/> NKDA	Weight (lbs/kg):
Sex: <input type="checkbox"/> M / <input type="checkbox"/> F	Date of Last Infusion:	Height (in/cm):
Next Due Date:	Preferred Location:	

## DIAGNOSIS (Please provide ICD-10 code in space provided)

Primary Immunodeficiency:	Chronic Inflammatory Demyelinating Polyneuropathy:
Other:	

## THERAPY ADMINISTRATION (Select one)

### Chronic Inflammatory Demyelinating Polyneuropathy

- Doses less than or equal to 0.4 g/kg can be administered without ramp-up
- Patients must be on stable doses of IVIG for 12 weeks before switching to HYQVIA

Patients transitioning from IVIG tx, administer HyQvia at the same dose and frequency as the previous IV tx, after the initial dose ramp-up as indicated per the manufacturer.

Dose: \_\_\_\_\_ GM subcutaneously

Frequency:  every 2 weeks/  every 3 weeks  every 4 weeks

### Primary Immunodeficiency

Patients transitioning from IVIG tx, administer HyQvia at the same dose and frequency as the previous IV tx, after the initial dose ramp-up as indicated per the manufacturer.

Dose: \_\_\_\_\_ GM subcutaneously

Frequency:  every 3 weeks  every 4 weeks

New to SCIG treatment or transitioning from SCIG, administer HyQvia at 300mg/kg to 600mg/kg at 3- or 4-week intervals, after the initial ramp up as indicated by the manufacturer.

Dose: \_\_\_\_\_ GM subcutaneously

Frequency:  every 3 weeks/  every 4 weeks.

## ADDITIONAL ORDERS

## LABORATORY ORDERS

- CBC w/ diff  at each dose  every: \_\_\_\_\_
- CMP  at each dose  every: \_\_\_\_\_
- Other: \_\_\_\_\_

## PRE-MEDICATION ORDERS

- Tylenol  500mg /  650mg PO
- Loratadine 10mg PO
- Pepcid 20mg  PO /  IVP
- Benadryl  25mg /  50mg  PO /  IVP
- Solumedrol  40mg /  125mg IVP
- Other: \_\_\_\_\_

## NURSING

- Provide nursing care per Nursing Procedure, including Hypersensitivity Reaction Management Protocol and post-procedure observation

Ramp Up Schedule			
CIDP ramp up	PI ramp up if switching from IVIG	Ramp up if switching from SCIG or new to SCIG	
Wk 1-no tx	Wk 1 total gmX0.25	3 weeks	4 weeks
Wk 2&3 total gm x0.25	Wk 2 total gmX0.5	Wk 1 total gmX0.33	Wk1 total gmX0.25
Wk 4 total gm X0.50	Wk 4 total gmX0.75	Wk 2 total gmX0.67	Wk2 total gmX0.5
Wk 6 total gm x0.75	Wk 7 total dose	Wk 4 total dose	Wk 4 total gmX0.75
Wk 9 total dose			Wk 7 total dose

## PROVIDER INFORMATION

Preferred Contact Name:	Preferred Contact Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

## REQUIRED DOCUMENTATION CHECKLIST (Additional documentation required for processing and insurance approval)

**Required Documentation:** Patient demos, copy of front and back of primary and secondary insurance, 2 most recent OVN including treatment failures or contraindications. EMG (dx CIDP)

**Required Labs:** Immunoglobulin levels, Renal function, CRP/ESR, ANA,

Provider Name (print)

Provider Signature

Date

