

## IVIG ORDER FORM

**Local Infusion will select the product based on payor requirements, product availability and indication:**

Bivigam   Gammagard Liquid 10%   Gammaked 10%   Gamunex-C 10%  
 Octagam 5%   Octagam 10%   Privigen   Panzyga

**DO NOT SUBSTITUTE.** Administer brand: \_\_\_\_\_

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Patient Weight: \_\_\_\_\_

Allergies: \_\_\_\_\_

### DIAGNOSIS (Provider must specify)

Chronic Inflammatory Demyelinating Polyneuropathy, ICD 10: \_\_\_\_\_

Primary Immunodeficiency, ICD 10: \_\_\_\_\_

Myasthenia Gravis, ICD 10: \_\_\_\_\_

Other: \_\_\_\_\_

### PROVIDER INFORMATION

Provider Name (print name): \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Prerequisites to treatment** – ensure the following information is complete and attached with referral:

Demographics    Labs and tests supporting diagnosis    Office/progress notes

### PRE-MEDICATION (Not typically indicated)

Acetaminophen (Tylenol) 500 mg PO    Famotidine 20 mg IV    Methylprednisolone (Solu-Medrol) 125 mg IVP

Benadryl 25mg PO    Cetirizine (Zyrtec) 10 mg PO

Other: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

### MEDICATION

MEDICATION	DOSE*	ROUTE	FREQUENCY
IVIG	<input type="checkbox"/> _____ GRAMS/kg <input type="checkbox"/> _____ GRAMS <small>*Dose will be rounded up to nearest vial size.</small>	<input type="checkbox"/> IV  <input type="checkbox"/> Administer as single day infusion <input type="checkbox"/> Divide dose over _____ days	<input type="checkbox"/> Once <input type="checkbox"/> Every _____ weeks <input type="checkbox"/> Every _____ months

New Start Therapy    Continuation of Therapy   Date of last dose (if applicable): \_\_\_\_\_

### LABS / SPECIAL INSTRUCTIONS

**FAX NUMBERS:**  CT: 203.433.0621    ME: 207.407.7272    NH: 603.217.5371    NJ: 201.581.4521

Order valid for 1 year from date of signature unless otherwise specified here: \_\_\_\_\_