

HYQVIA ORDER FORM

PLEASE EMAIL COMPLETED FORM AND SUPPORTING DOCUMENTATION TO REFERRALS@WELLSINFUSION.COM. YOU CAN ALSO FAX IT TO 1-570-9INFUSE (1-570-946-3873)

Preferred Location: _____

Patient Information

Patient Name: _____ DOB: _____ Sex: M F

Address: _____ Phone: _____ Email: _____

Height (in): _____ Weight (lb): _____ Referral Status: New Updated Renewal

Infusion/ Injection Information

Primary ICD-10 Code: _____ Primary ICD-10 Description: _____

Other ICD-10 Codes: _____ Other ICD-10 Descriptions: _____

HyQvia (SubQ Immunoglobulin) Dosing Info:

Hyaluronidase to infuse first at 1-2 ml/minute/site subcutaneous administration.

For PI Patients

Patient switching from Immune Globulin Intravenous (Human) [IVIG] treatment: Administer Hyqvia at the same dose and frequency as the previous intravenous treatment, after initial ramp-up.

Patient naïve to IgG treatment or switching from Immune Globulin Subcutaneous (Human) [IGSC]: Administer Hyqvia at 300 to 600 mg/kg at 3 to 4 week intervals, after initial ramp up.

Dose: _____

Interval: _____

For CIDP Patients

If switching from IVIG (human) treatment, administer Hyqvia at the same dose and frequency as the previous IV treatment, after the initial dose ramp-up.

Dose: _____

Interval: _____

Premedications:

Acetaminophen _____ mg
 PO IV

Cetirizine _____ mg PO

Diphenhydramine _____ mg
 PO IV

Hydrocortisone _____ mg IV

Loratadine _____ mg PO

Methylprednisolone _____ mg IV

Other: _____ mg
 PO IV

Required Documentation:

Full Patient Chart

Insurance Cards (Front and Back)

Clinical Notes Supporting Diagnosis

List of Current Medications, Conditions, and Allergies

Serum Creatinine within 6 months

Ordering Provider Information

Practice Name: _____ Practice Phone: _____ Practice Fax: _____

Practice Address: _____ Referral Coordinator Name: _____

Referral Coordinator Email: _____ Referral Coordinator Phone: _____

Ordering Provider: _____ Provider NPI: _____ Specialty: _____

All Injections, Infusions, and Rescue Management for Reactions will be handled in accordance with Wells Infusion's Protocols. Orders are valid for 1 year unless stated otherwise.

Provider Name

Provider Signature

Date

Dosing 0.4 g/kg or less can be administered without ramp-up.
 Patients must be on a stable dose of IVIG for 12 weeks before switching to Hyqvia.

CIDP Ramp Up Schedule		
WEEK	INFUSION NUMBER	DOSE
1	No Infusion	No Infusion
2	1st Dose	25% (eg. 7.5G/30G)
3	2nd Dose	25% (eg. 7.5G/30G)
4	3rd Dose	50% (eg. 15.0G/30G)
5	No Infusion	No Infusion
6	4th Dose	75% (eg. 22.5G/30G)
7	No Infusion	No Infusion
8	No Infusion	No Infusion
9	5th Dose	100% (eg. 30.0G/30G)

For patients previously on another IgG treatment, the first dose should be given approximately 1 week after the last infusion

PI Ramp Up Schedule (from SCIG)			
WEEK	INFUSION NUMBER	DOSE (4 Week)	DOSE (3 Week)
1	1st Dose	25% (eg. 7.5G/30G)	33% (eg. 9.9G/30G)
2	2nd Dose	50% (eg. 15.0G/30G)	67% (eg. 20.1G/30G)
3	No Infusion	No Infusion	No Infusion
4	3rd Dose	75% (eg. 22.5G/30G)	100% (eg. 30.0G/30G)
5	No Infusion	No Infusion	No Infusion
6	No Infusion	No Infusion	No Infusion
7	4th Dose	100% (eg. 30.0G/30G)	No Infusion

PI Ramp Up Schedule (from IVIG)		
WEEK	INFUSION NUMBER	DOSE
1	1st Dose	25% (eg. 7.5G/30G)
2	2nd Dose	50% (eg. 15.0G/30G)
3	No Infusion	No Infusion
4	3rd Dose	75% (eg. 22.5G/30G)
5	No Infusion	No Infusion
6	No Infusion	No Infusion
7	4th Dose	100% (eg. 30.0G/30G)