



Web: www.AgileIV.com | Tel: (201) 751-2202 | Fax: (201) 266-0437 | Email: info@AgileIV.com

HYQVIA MEDICATION ORDER

Patient's Name (Last, First, Middle) _____ DOB _____

Patient's height in feet and inches _____ Patient's weight in pounds _____

■ Diagnosis

Please provide the diagnosis **and** the most specific ICD-10 code available: _____

■ Details Needed for Approval

- Recent laboratory results including patient's IgG levels. Other disease-specific labs should be included (eg. platelet count with ITP).
- Chart should include history of difficult-to-treat infections, deficiency in producing antibodies in response to vaccination, etc.

■ Premedication Order

Oral medications to be taken by the patient at least 60 minutes prior to start of infusion treatment. May be taken at home:

☐ Acetaminophen _____mg ☐ Diphenhydramine _____mg ☐ Cetirizine _____mg

IV medications to be administered prior to start of the infusion treatment (for infusions only, not for injections):

☐ Dexamethosone _____mg ☐ Famotidine _____mg ☐ Methylprednisolone _____mg
☐ Diphenhydramine _____mg ☐ Metoclopramide _____mg ☐ _____

■ Medication Order SQ Infusion

☐ HyQvia Ramp up: 25% of the full dose on Week 1, 50% of the full dose on Week 2, 75% of the full dose on week 4, and 100% of the full dose on Week 7. Thereafter transition to the Standard dose.

☐ HyQvia Standard/Subsequent: 100% of the full dose every _____ weeks for one (1) year.

☐ Please check here only if we may not substitute HyQvia for another SubQ IG brand, depending on brand availability and allocation limitations.

Dose: _____ g

Rate: HyQvia is administered in two sites via bifurcated line, all the rates are per site. The rates are increased at intervals of 5-15 minutes until the maximum rate is reached, which is then continued for the remainder of the infusion. The first two (2) infusions are administered at rates of 10 ml/hr, 30 ml/hr, 60 ml/hr, 120 ml/hr and 240 ml/hr. Subsequent infusions are administered at the rates of 10 ml/hr, 30 ml/hr, 120 ml/hr, 240 ml/hr and 300ml/hr.

☐ Check this box and provide detailed instructions on an alternate rate if you wish to deviate from these standard administration rates.

■ Rescue Management in case of Infusion Therapy Reaction

Stop medication infusion and call the ordering provider to report reaction. Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed. For severe reactions, administer Epi-pen or equivalent and call 911.

■ Ordering Provider Authorization

Provider Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ Indiv. NPI #: _____ License: _____

Best Contact Person in Office: _____ Direct Phone to Contact Person: _____

Documentation to Include:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.

FAX THIS ORDER AND SUPPORTING DOCUMENTATION TO 201-266-0437 OR UPLOAD USING YOUR SECURE DEDICATED WEBPAGE – TO GET A PERSONAL LINK PLEASE CONTACT THE INTAKE TEAM.