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☐ Home Infusion☐ Infusion Center☐ Doctor's Office

Fax Referral to (855) 644-3687 or Email: Referrals@sandshealth.com

# HYQVIA

(IMMUNE GLOBULIN 10%(HUMAN) WITH RECOMBINANT HUMAN HYLAURONIDASE)

ORDER FORM						
PATIENT INFORMATION						
Patient Name:	Patient Name: DOB:					
Mobile Number:	F	Patient Weight:				
Allergies:	Allergies:					
	DIAGNOSIS	(Provider must specify)				
☐ Primary Immunodeficiency (Pl	I), ICD 10:					
	inating Polyneuropathy (CIDP), IC					
□ Other:						
Prior to tre	eatment – ensure the following informa	tion is complete and attached with refer	ral:			
☐ Demographics	☐ Labs and tests supporting	g diagnosis ☐ Office/prog	ress notes			
	PRE-MEDIC	CATION				
□ Acetaminophen (Tylenol) 500 mg PO □ Bendaryl 25 mg PO □ Methylprednisolone(Solu-Medrol) mg IVP						
☐ Other:	Do	se:Route:				
☐ Other:	Do	se:Route:				
	MEDIC	ATION				
MEDICATION	DOSE	ROUTE	FREQUENCY			
	□ GM/KG	☐ Sub Q infusion	everyweeks			
HyQvia	□ Grams	☐ Administer as single day infusion☐ Divide dose over days	after the initial dose ramp-up*			
☐ New Start Therap	y □ Continuation of Therap		a).			
□ New Otalt Therap		INSTRUCTIONS	-)			
Order valid for 1 year from date of signature unless otherwise specified here:						
	PROVIDER INFORMATION					
Provider Name:		Provider NPI:	Contact:			
Phone:	Fax:Email Address:					
Signature:		Date:				

# Ramp up Schedule for Hyqvia

## Initial Treatment Interval and Ramp-Up Schedule for PI

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

#### PI: Ramp-up schedule if switching from IVIG

Week	Dose Interval	Dose
1	1st Dose	Total grams x 0.25
2	2nd Dose	Total grams x 0.50
3	NO INFUSION	NO INFUSION
4	3rd Dose	Total grams x 0.75
5	NO INFUSION	NO INFUSION
6	NO INFUSION	NO INFUSION
7	4th Dose	Total grams

#### PI: Ramp-up schedule if switching from SCIG

Treatment Interval	Dosing Q 4 Weeks	Dosing Q3 Weeks
1st Infusion (Week 1)	Grams x 0.25	Grams x 0.33
2nd Infusion (Week 2)	Grams x 0.5	Grams x 0.67
3rd Infusion (Week 4)	Grams x 0.75	Administer Total Grams
4th Infusion (Week 7)	Administer Total Grams	N/A

### Initial Treatment Interval and Ramp-Up Schedule for CIDP

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

Week	Dose Interval	Dose
	Switch from IVIG	
1	No Infusion	
2	1st Dose	Total grams x 0.25
3	2nd Dose	Total grams x 0.25
4	3rd Dose	Total grams x 0.50
6	4th Dose	Total grams x 0.75
9	5th Dose	Total grams

Total grams=total monthly equivalent dose in grams.