

Hyqvia (Immune Globulin SubQ Infusion) Referral Form



Patient Preferred Clinic (select one):

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

DOB: _____ Patient Name: _____ Patient Phone: _____
Patient Address: _____ Patient Email: _____
NKDA Allergies: _____ Weight (lbs/kg): _____ Height: _____
ICD-10 code (required): _____ ICD-10 description: _____ Last Treatment Date: _____ Last 4 SSN: _____

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____
Ordering Provider: _____ Provider NPI: _____
Referring Practice Name: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ Zip Code: _____

NURSING

Infusion to be administered per VIVO protocols.

LABORATORY ORDERS

CBC at each dose every _____
 CMP at each dose every _____
 CRP at each dose every _____
OTHER _____

PREMEDICATIONS

acetaminophen (Tylenol) 500mg 650mg / 1000mg PO
cetirizine (Zyrtec) 10mg PO
loratadine (Claritin) 10mg PO
diphenhydramine (Benadryl) 25mg 50mg PO IV
methylprednisolone (Solu-Medrol) 40mg 125mg IV
hydrocortisone (Solu-Cortef) 100mg IV
Other: _____
Dose: _____ Route: _____
Frequency: _____

REQUIRED DOCUMENTATION

Patient Demographics

Insurance Card/Information

Progress Notes Supporting DX

Medication List and H&P

Serum Creatinine (within last 3 months if treatment naive)

HYQVIA THERAPY ADMINISTRATION

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

**Ramp-up schedule on page 2.*

For PI Patients Only

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 Only

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: _____

Additional Notes

Provider Name (Print) _____ Provider Signature _____ Date _____

Have a Question? (212) 776-9090
Email Referrals To: info@specialtyinfusion.com
Fax Referrals To: (800) 540-1852
E-Prescribe: QuickRx 2nd Ave, 2355 2nd Avenue, New York NY 10035 Tel: 212-858-0659

*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. **Order is valid for one year unless otherwise noted**

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.