

HyQvia® (Immune Globulin SubQ Infusion) Referral Form



Patient Preferred Clinic (select one):

PATIENT INFORMATION

Referral Status: New Referral Updated Referral Referral 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.

HYQVIA THERAPY ADMINISTRATION

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

*Pharmacist will calculate ramp-up schedule unless otherwise noted. *Ramp-up schedule on page 2.*

LABORATORY ORDERS

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

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 naive 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: _____

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)

Additional Notes

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

Provider Name (Print)	Provider Signature	Date
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Email Referrals To: referrals@vivoinfusion.com OR Fax Below

Have a Question? Call (720) 902-4111

Colorado: 303-418-4679	Michigan: 833-957-2188	New York: 800-540-1852	Texas: 469-340-0044
Connecticut: 203-724-4838	Minnesota: 763-290-0903	Ohio: 216-400-0674	Virginia: 804-500-5941
Florida: 904-930-4211	Nevada: 702-489-5744	Oklahoma: 918-770-4421	Wisconsin: 414-600-5383
Massachusetts: 800-540-1852	New Jersey: 800-540-1852	Pennsylvania: 215-399-9244	

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.