HyQvia® (Immune Globulin SubQ Infusion) Referral Form



Connecticut: 203-724-4838

Massachusetts: 781-202-1629

Florida: 904-930-4211

Minnesota: 763-290-0903

New Jersey: 609-955-3711

Nevada: 702-489-5744



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 Treatme	ent Date:	Last 4 Digit	s SSN:
PROVIDER INFORMATION				
Referral Coordinator Name:	Referral Coo	rdinator Email:		_
Ordering Provider:	Provider NPI	:		
Referring Practice Name:	Phone:		Fax:	
Practice Address:	City:		State: Zip	Code:
Physician Preferred Method of Contact: Email:	F	ax:	Phone	2:
NURSING ☐ Infusion to be administered per Vivo protocols. LABORATORY ORDERS CBC at each dose every CMP at each dose every OTHER PREMEDICATIONS acetaminophen (Tylenol) 500 mg 650 mg 1000 mg PO cetirizine (Zyrtec) 10mg PO loratadine (Claritin) 10mg PO diphenhydramine (Benadryl) 25 mg 50 mg PO IV methylprednisolone (Solu-Medrol) 40mg 125mg IV hydrocortisone (Solu-Cortef) 100mg IV Other: Dose: Route:	Hyaluronidase to i Pharmacist will ca Pat trea intr Pat Sub Wee	For ient switching frament: Administer avenous treatment ient naïve to IgG tructaneous (Humanek intervals, after in Dose: Interval: vitching from IVIG e and frequency as ap-up.*	PI Patients Only rom Immune Globulin r Hyqvia at the same dos t, after initial ramp-up.* reatment or switching from [IGSC]: Administer Hyd initial ramp up.*	Intravenous (Human) [IVIG se and frequency as the previous om Immune Globulin qvia at 300 to 600 mg/kg at 3 to 4
REQUIRED DOCUMENTATION Patient Demographics Insurance Card/Information Progress Notes Supporting DX Medication List and H&P	Additional I	Interval:		
Consider administering premedication for prophylaxis against infusion Provider Name (Print) Provider	reactions and hyperse	nsitivity reactions.	**Order is valid for one y	vear unless otherwise noted Date
		0	0.11 (700) 000 4444	
Email Referrals To: referrals@vivoinfusion.com OR Fax Below	v Ha	ve a Question?	Call (720) 902-4111	
Colorado: 303-418-4679 Michigan: 833-957-2188 Ne	ew York: 800-540-1852	2 Texas: 4	469-340-0044	

Ohio: 216-400-0674

Oklahoma: 918-770-4421

Pennsylvania: 215-399-9244

Virginia: 804-500-5941

Wisconsin: 414-600-5383

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.