# HyQvia® (Immune Globulin SubQ Infusion) Referral Form

**Preferred Clinic** (select one): _____

☐ New Referral ☐ Updated Referral ☐ Referral Renewal

## PATIENT INFORMATION

DOB: Patient Name: Patient Phone:

Patient Address: Patient Email:

☐ NKDA Allergies: Weight (kg): Height:

ICD-10 Code (required): ICD-10 Description: Last Infusion Date: Last 4 Digits SSN:

## PROVIDER INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

Physician Preferred Method of Contact: ☐ Email: ☐ Fax: ☐ Phone:

## STANDING ORDERS

☑ Infusion to be administered per Vivo protocols.

## LABORATORY ORDERS

☐ CBC w/ diff every _____

☐ CMP 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: _____

## 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 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.*

**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**

***Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions.*

**Provider Name (Print)** **Provider Signature** **Date**

**Email Referrals To: referrals@vivoinfusion.com OR Fax Below** **Have a Question? Call (720) 902-4111**

| | | | | |
|---|---|---|---|---|
| Colorado: 303-418-4679 | Massachusetts: 781-202-1629 | New Jersey: 609-955-3711 | Oklahoma: 918-770-4421 | Virginia: 804-500-5941 |
| Connecticut: 203-724-4838 | Michigan: 833-957-2188 | New York: 800-540-1852 | Pennsylvania: 215-399-9244 | Wisconsin: 414-600-5383 |
| Florida: 904-930-4211 | Minnesota: 763-290-0903 | Ohio: 216-400-0674 | Texas: 469-340-0044 | |

**Referral is valid for one year unless otherwise noted.**

Revision Date 10/2026

# 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.