

Date Shipment Needed: _____ Ship To: Patient Prescriber
 Nursing needed; Training needed ► All the supplies including syringes and needles will be dispensed if needed.

SUBCUTANEOUS IMMUNE GLOBULIN (SQIg) INFUSION REFERRAL FORM (2 Pages)

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Sex: M F Other: _____ Weight: _____ lbs. kg. Height: _____
 SSN: _____ Phone: _____ Allergies: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Emergency Contact: _____ Phone: _____ **Additional Information Attached**

INSURANCE INFORMATION
 Please attach front and back of patient's insurance card (medical and prescription)

PRESCRIBER INFORMATION

Prescriber: _____ NPI: _____ DEA: _____ State Lic: _____
 Supervising Physician: _____ Practice Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Key Office Contact: _____ Phone: _____

DIAGNOSIS INFORMATION / MEDICAL ASSESSMENT

Diagnosis: Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) Primary Immunodeficiency (PI) Other: _____
Treatment Setting & Patient Training: Initial Treatment Setting: Patient's Home Physician Office Outpatient Clinic Inpatient
 Final Treatment Setting: Patient's Home Physician Office Outpatient Clinic Inpatient
 • **First SQIg Infusion ?:** Yes No If yes, was patient on IVIG infusion?
 Yes, Last infusion Date: _____ / _____ / _____ Last infusion dose and frequency: _____
 No, IgA level is more than 5 mg/dl: Yes No Not Available Ig Quantitation: IgA, IgG, IgM (prior to 1st IVIG infusion)
 • **Labs:** To be monitored by MD prior to infusion and again at appropriate intervals thereafter: CBC with Differential Basic Metabolic Panel (BMP) Other: _____
 • **SQIg Home Training by RN (Certified for SQIg Infusion):** First SQIg Infusions to be administered by RN Yes No

IMMUNE GLOBULIN SUBCUTANEOUS "HUMAN" ORDER: (will dispense available increment)

Gammagard 10% **Gamunex-C 10%** **Hizentra 20% Vial** **Hizentra 20% Prefilled Syringe** **Xembify 20%**
DOSE CALCULATION: Initial weekly dose (in gm) = 1.37 x [previous IVIG dose (gm) / number of weeks between IVIG doses]
 Cutaquig 16.5%
DOSE CALCULATION: Initial weekly dose (in gm) = 1.4 x [previous IVIG dose (gm) / number of weeks between IVIG doses]
 Cuvitru 20%
DOSE CALCULATION: Initial weekly dose (in gm) = 1.30 x [previous IVIG dose (gm) / number of weeks between IVIG dose]
 HyQvia PI No Ramping Required Ramping Required (*Ramping up dose may take 3 to 7 weeks depending on frequency*)
***** Please specify frequency:** every 2 weeks every 3 weeks every 4 weeks
DOSE CALCULATION: Based on every 4 weeks frequency for PI
Week 1 dose (in gm) = 0.25 x full dose; Week 2 dose (in gm) = 0.5 x full dose; Week 3 = No Infusion;
Week 4 dose (in gm) = 0.75 x full dose; Week 5 & 6 = No Infusion; Week 7 dose (in gm) = 100% of the full dose of previous monthly IVIG dose
DOSE CALCULATION: Based on every 3 weeks frequency for PI
Week 1 dose = 33% of the full dose; Week 2 dose = 66% of the full dose; Week 3 dose = No Infusion; Week 4 Dose = 100% of the full dose; Continue every 3 weeks at 100% of the full dose
 HyQvia CIDP No Ramping Required Ramping Required (*Ramping up dose may take 4 to 9 weeks depending on frequency*)
***** Please specify frequency:** every 2 weeks every 3 weeks every 4 weeks
DOSE CALCULATION: Based on every 4 weeks frequency for CIDP
Week 1 dose = No Infusion; Week 2 dose (in gm) = 0.25 x [previous IV monthly dose (gm)]; Week 3 dose (in gm) = 0.25 x [previous IV monthly dose (gm)];
Week 4 dose (in gm) = 0.50 x [previous IV monthly dose (gm)]; Week 5 = No Infusion; Week 6 dose (in gm) = 0.75 x [previous IV monthly dose (gm)];
Week 7 & 8 = No Infusion; Week 9 dose (in gm) = 100% of the full dose of previous monthly IVIG dose; Continue every 4 weeks at 100% of the full dose
DOSE CALCULATION: Based on every 3 weeks frequency for CIDP
Week 1 dose = No Infusion; Week 2 dose = 33% of the full dose; Week 3 dose = 33% of the full dose; Week 4 dose = 66% of the full dose;
Week 5 dose = No Infusion; Week 6 dose = 100% of the full dose; Continue every 3 weeks at 100% of the full dose
DOSE CALCULATION: Based on every 2 weeks frequency for CIDP
Week 1 dose = No Infusion; Week 2 dose = 50% of the full dose; Week 3 dose = 50% of the full dose; Week 4 dose = 100% of the full dose;
Continue every 2 weeks at 100% of the full dose

DOSAGE: (will use available increment / combination of vial sizes for each dose; each dose will be rounded to next vial size)

Dosage: _____ gm (_____ mL) to be infused subcutaneously over _____ hours as tolerated
 Weekly **OR** Every _____ weeks Dispensed every 4 weeks with supplies Refills: _____

PRE-MEDICATIONS: To be Administered 30 Minutes Prior to SQ Infusion (Optional)

Diphenhydramine 25 - 50 mg PO QTY: #2 (25 mg) Acetaminophen 650 mg PO QTY: #2 (325 mg) Other: _____ QTY: QS

PROCEDURE FOR ACUTE HYPERSENSITIVITY AND/OR ANAPHYLAXIS

STOP Infusion and call 911 & MD
 • Epinephrine (adult) 0.3 mg IM x 1, may repeat or (pedi) based on pts. weight
 • Other: _____ QTY: _____

Prescriber's Signature: _____ DAW (Dispense as Written) **Date:** _____

Prescriber certifies that this referral form contains an original signature and is signed by the treating prescriber. **NO STAMPED SIGNATURES WILL BE ACCEPTED.** Where required by law, send electronic prescription or on official state prescription blank. In the event requested agent is not available through AcariaHealth, this prescription shall be forwarded to an eligible pharmacy.

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Patient Name: _____

DOB: _____

Instructions for SQIg Administration

- SQIg Home Training by RN (Certified for SQIg Infusion): First SQIg Infusions to be administered by RN
- Obtain baseline vital signs (T, P, R, BP)
- Vital signs every 15 minutes for the 1st hour, then every 30 minutes for the remainder of infusion
- Assure that patient is not volume depleted prior to initiation of SQIg Infusion

NUMBER OF SIMULTANEOUS INJECTION SITES

Number of simultaneous infusion sites: _____

- SQ needle set:** **Single lumen (1)** **Bifurcated (2)** **Trifurcated (3)** **Quadfurcated (4)** **Pentafurcated (5)** **Hexafurcated (6)**
(based on max number of injections per site may need to use combination of SQ needle set)

Cutaquig 16.5% First 6 Infusions = 15 mL - 20 mL per hour, per site; Subsequent Infusion = 25 mL per hour, per site up to a total of 6 sites

Cuvitru 20% First 2 Infusions = 10 mL - 20 mL per hour, per site; Subsequent Infusion ≤ 60 mL per hour, per site up to a total of 4 sites at least 4 inches apart

Gammagard 10% CONVERSION: Gammagard 10% dose _____ gm x 10 = _____ mL
 • Infusion volume per hour per site: If weight **OVER** 40 kg = 20 mL/hr/site initially. May increase to 30 mL/hr/site as tolerated
 If weight **UNDER** 40 kg = 15 mL/hr/site initially. May increase to 20 mL/hr/site as tolerated
 • Maximum number of simultaneous sites: 8 infusion sites, at least 2 inches apart

Gamunex-C 10% CONVERSION: Gamunex-C 10% dose _____ gm x 10 = _____ mL
 • Infusion volume per hour per site: **Ped:** < 25 kg weight = 10 mL/hr/site; **Ped:** > 25 kg weight = 15 mL/hr/site to 20 mL/hr/site with max of 6 sites
Adult: 20 mL/hr/site with maximum of 8 sites, at least 2 inches apart simultaneously

Hizentra 20% CONVERSION: Hizentra 20% dose _____ gm x 5 = _____ mL
 • Infusion volume per hour per site: **For PI:** Initially up to 15 mL/hr/site; Increase up to 25 mL/hr/site as tolerated
For CIDP: Initially up to 20 mL/hr/site; Increase up to 50 mL/hr/site as tolerated
 • Maximum number of simultaneous sites: 8 infusion sites, at least 2 inches apart

HyQvia PI CONVERSION: HyQvia-IG dose _____ gm x 10 = _____ mL; HyQvia-HY dose _____ gm / 2 = _____ mL
 • Infusion volume per hour per site (maximum of 2 sites allowed but must be on opposite sides of the body in abdomen or thigh):
 • First 2 infusions into 1 site if weight is < 40 kg, maximum rate is 80 mL/hr/site; Subsequent infusions maximum rate is 160 mL/hr/site
 • First 2 infusions into 1 site if weight is > 40 kg, maximum rate is 240 mL/hr/site; Subsequent infusions maximum rate is 300 mL/hr/site
 • If 2nd site is used then administer ½ the total volume in each site
 • For PI, maximum number of simultaneous sites is 2 infusion sites, at least 2 inches apart

HyQvia CIDP CONVERSION: HyQvia-IG dose _____ gm x 10 = _____ mL; HyQvia-HY dose _____ gm / 2 = _____ mL
 • Infusion volume per hour per site (maximum of 3 sites allowed in abdomen or thigh):
 • First 2 infusions into 1 site if weight is < 40 kg, maximum rate is 80 mL/hr/site; Subsequent infusions maximum rate is 160 mL/hr/site
 • First 2 infusions into 1 site if weight is > 40 kg, maximum rate is 240 mL/hr/site; Subsequent infusions maximum rate is 300 mL/hr/site
 • Maximum number of simultaneous sites is 3 infusion sites, at least 4 inches apart; **If using 3 sites, the maximum rate is 400 mL/site**

Gammagard 10% INFUSION RATE: _____ mL/hr per site as tolerated (please indicate if different than suggested infusion rate)
 • Initial Infusion Rate: If weight is > than 40 kg = 20 mL/hr per site or If weight is < than 40 kg = 15 mL/hr per site
 • Maximum Infusion Rate: If weight is > than 40 kg = 30 mL/hr per site or Maximum Infusion Rate 240 mL/hr for all sites combined
 If weight is < than 40 kg = 20 mL/hr per site or Maximum Infusion Rate 160 mL/hr for all sites combined

Gamunex-C 10% INFUSION RATE: _____ mL/hr per site as tolerated (please indicate if different than suggested infusion rate)
 • Suggested Infusion Rate = 20 mL/hr per site

Hizentra 20% INFUSION RATE: _____ mL/hr per site as tolerated (please indicate if different than suggested infusion rate)
 • **FIRST** Infusion = 15 mL/hr per site; **SECOND** and Subsequent Infusions = if no reaction may be increased to a maximum of 25 mL/hr per site as tolerated
 • Maximum Infusion Rate: Should NOT exceed a total of 50 mL/hr for all sites combined

Xembify 20% INFUSION RATE: _____ mL/hr per site
 • Maximum Infusion Rate ≤ 25 mL/hr per site up to a maximum of 6 sites, at least 2 inches apart

POSSIBLE SYMPTOMS (RN to monitor and train patient) discontinue infusion and notify MD if:

- Malaise, chest tightness, a feeling of faintness, dyspnea, fever/chills, chest/back or hip pain, nausea/vomiting, mild erythema, hypotension/hypertension, headache, fatigue, leg cramps, lightheadedness, fever, urticaria, flushing AMS (aseptic meningitis syndrome)
- STOP the infusion and notify MD ASAP
- Patient should be instructed to report symptoms of decreased urine output, sudden weight gain, fluid retention and/or shortness of breath

PATIENT EDUCATION

- RN to educate/train patient on SQ-Infusion
- RN to educate patient on the possible adverse reactions including: injection site reaction (i.e.: swelling, redness, heat, pain and/or itching at the injection site), headache, vomiting, pain and/or fatigue

SUPPLIES (needed supplies, including needles and syringes, will be sent based on ordered dose and frequency)

- Freedom 60 pump, 50 mL syringe-BD, rate controlled tubing set, SQ needle set, transparent dressing/sterile gauze, alcohol pads, band aids, gloves, sterile towel drape, sharps container

Prescriber's Signature: _____ DAW (Dispense as Written) **Date:** _____

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