SPECIALTY INFUSION CENTER — An Access Infusion Care Company

SUBCUTANEOUS IMMUNOGLOBULIN ORDERS

CENTERS AT SIC — An Access Infusion Care Managed Company

PATIENT INFORMATION	PRESCRIBER INFORMATION
Patient Name: _____	Prescriber Name: _____
Address: _____	NPI: _____
City, State, Zip: _____	Address: _____
Cell: _____ Email_____	Email: _____ City, State, Zip: _____
Height _____ Weight _____kg Last 4 of SSN: _____ DOB: _____	Phone: _____Fax:_____
Allergies: _____	Contact Person: _____

REFERRAL STATUS	
☐ New Referral	First dose? ☐ Yes ☐ No - Date of last infusion _____
☐ Dose or Frequency Change	
☐ Continuation Order	

DIAGNOSIS	
☐ D80.6 Primary Immunodeficiency (PID)	☐ D83.9 Common variable immunodeficiency, unspecified (CVID)
☐ G61.81Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)	☐ G61.82 Multifocal Motor Neuropathy (MMN)
☐ Other ICD-10 CODE: _____	

REQUIRED DOCUMENTATION	
• This signed order form by the provider	• Prior Therapies: _____
• Patient demographics and insurance information	• Most recent serum IgG level if PID or CVID: _____
• H&P, labs, tests, and progress notes supporting diagnosis	

PRESCRIBING INFORMATION

Medication	Dose/Strength	Directions	Quantity
☐ Cutaquig	☐ _____ mg/kg per dose	☐ Infuse subcutaneously every ____ days	Qty: sufficient for dose per month
☐ Cuvitru	☐ _____ gm per dose	☐ Infuse subcutaneously every ____ weeks	Refill: ___
☐ Hizentra			
☐ Xembify			
☐ Other _____			

PREMEDICATIONS (administer 30 minutes prior to infusion)

☐ Acetaminophen: ☐ 650 mg PO ☐ 1000 mg PO

☐ Diphenhydramine: ☐ 25 mg PO ☐ 50 mg PO ☐ 25 mg IV ☐ 50 mg IV

☐ Methylprednisolone: ☐____ mg IV ☐ 100 mg IV ☐ 125 mg IV

☐ Lab Work every _____ ☐ CMP ☐ CBC w dif ☐ CRP ☐ Sed Rate ☐ Immunoglobulins A, G, M subset panel lymphocytes

☐ _____

PIV: Flush with 3–10 mL of 0.9% sodium chloride before and after the infusion
PICC/Midline: Flush 10 mL 0.9% NS before/after, then 3 mL Heparin 10 units/mL final flush
Port: Flush 10 mL 0.9% NS before/after, then 5 mL Heparin 100 units/mL final flush
Post-Infusion: Use 50 ml 0.9% NS bag to flush residual priming volume

RN to manage VAD per company protocol and administer ordered therapy per manufacturer guideline
RN to access/start and deaccess/discontinue VAD as appropriate for therapy administration
RN to flush and lock VAD/CVAD per company protocol

EMERGENCY MEDICATION

Administer the following medications as needed for infusion-related reactions per company protocol:

Adults (>40 kg): Diphenhydramine 25–50 mg PO or IV slow push (2–5 min); Acetaminophen 325–650 mg PO; Methylprednisolone 125 mg IV slow push (≥5 min); Epinephrine 0.3 mg IM/SQ, may repeat ×1; 0.9% NS 500 mL IV over 30–60 min, may repeat ×1 for hypotension.

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Print, complete, and fax completed form to: (855) 857-3834

Pediatrics and Adults under (<40 kg): Diphenhydramine 25 mg PO or IV slow push (2–5 min); Acetaminophen 325 mg PO; Methylprednisolone 40 mg IV slow push (≥5 min); Epinephrine 0.15 mg (<30 kg) or 0.3 mg (>30 kg) IM/SQ, may repeat ×1; 0.9% NS 500 mL IV over 30–60 min, may repeat ×1 for hypotension.
Oxygen (AIC/AIS only): 1–6 L/min via NC or face mask; titrate to maintain SpO_2 95–100%.

Prescriber Signature X: _____ X: _____
Product Substitution Permitted: _____ Date: _____ Dispense as Written: _____ Date: _____

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