



175 Memorial Highway, Suite 1-1
New Rochelle, NY
10801

914-460-4891
fuse@fuseinfusion.com
914-460-4571

_____ ok the switch to biosimilar if insurance formulary prefers

IMMUNE GLOBULIN (IVIG, Gamunex-C, Octagam)

Status New Therapy Order Renewal Dosage or Frequency Change

Diagnosis

<input type="checkbox"/> ICD 10: D80.__ Hypogammaglobulinemia	<input type="checkbox"/> ICD 10: G61.81 CIDP
<input type="checkbox"/> ICD 10: D83.__ Common Variable Immunodeficiency	<input type="checkbox"/> ICD 10: D69.3 ITP
<input type="checkbox"/> ICD 10: G70.__ Myasthenia Gravis (MG)	<input type="checkbox"/> ICD 10: G61.0 Guillian-Barre
<input type="checkbox"/> ICD 10 Code: _____ Other: _____	

Pertinent Medical Hx Patient's weight (most recent): _____ lbs / kg (circle one)
Patient's height: _____ inches

Labs Labs to be drawn by: Infusion Clinic Referring Physician
If Infusion Clinic: _____

Premeds

No premeds necessary

acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO

cetirizine (Zyrtec) 10mg PO - **OR** - diphenhydramine (Benadryl) 25mg PO

methylprednisolone (Solu-Medrol) 40mg / 125mg IV

other: _____

IV Fluids NS TKO Other: _____

Medication Order

Drug: Gamunex-C (*preferred*) - **OR** - Octagam Other: _____

Dose: Weight-based: _____ g/kg - **OR** - Flat dose: _____ grams

Ideal Body Weight (IBW) may be used to dose weight-based IVIG. Adjusted Body Weight will be used when Actual Body Weight (ABW) > 130% of IBW. All doses will be rounded up to nearest 5g.

Frequency: Once Every _____ weeks Other: _____

Rate: According to package insert, per drug.

Refills: x 1 year x _____ doses No refills; give this dose only.

Monitoring Monitor for signs/symptoms of hypersensitivity during infusion and 15 mins post-infusion.
For any signs of infusion reaction: STOP infusion. Contact on-site provider for instruction.

Additional Orders

Physician Information

Physician Name	_____	NPI	_____
Office Contact	_____	Phone	_____
Provider Signature:	_____	Date	_____



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REQUIRED DOCUMENTATION

- | | |
|--|---|
| ○ Patient Demographics & Insurance Information: | - Copy of patient's insurance card – front and back |
| ○ Clinical / Progress Notes , supporting primary diagnosis: | - 2 most recent office notes
- Medication history |
| ○ Most Recent Labs : | - CMP and CBC
- IgG level (for immunodeficient patients) |

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