

Referral Status:	MRN:
<input type="checkbox"/> New referral	<input type="checkbox"/> Order change
<input type="checkbox"/> Order Renewal	
Patient preferred clinic:	

## HyQvia® Standard Plan of Treatment

### PATIENT DEMOGRAPHICS:

Date of Referral:	Patient's Phone:
Patient Name:	Address:
Date of Birth:	City, State, Zip:
Height in inches:	Weight: LB or KG
Gender:	Allergies:
<input type="checkbox"/> See list	<input type="checkbox"/> NKDA

### DIAGNOSIS: (PLEASE COMPLETE 2<sup>ND</sup> AND 3<sup>RD</sup> DIGITS TO COMPLETE ICD 10 FOR BILLING )

D80. - Hypogammaglobulinemia	D83. - Common variable immunodeficiency
D81. - Combined immunodeficiency	D82. Wiskott-Aldrich syndrome
-Other:	

### REQUESTED DOCUMENTATION:

1 Insurance information	IF NO:	IF YES:
2 Most recent History & Physical	PLEASE STATE REQUIRED WASHOUT FROM PREVIOUS THERAPY:	LAST INFUSION DATE:
3 Full medication list		NEXT INFUSION DATE:
4 Tried and failed therapies		<b>IF ORDER CHANGE:</b>
5 IG levels		<b>Continue current order until insurance approved</b>

### MEDICATION ORDERS:

**NOTE: We require MD office notes and may require a Letter of Medical Necessity, to be able to verify eligibility and payment for this treatment through the patient's insurance**  
**Sub-Q IG will not be administered if patient temperature greater than 101.5 orally and MD office will be notified.**

### MEDICATION:

- HyQvia® (Subcutaneous Immune Globulin Infusion 10% with Recombinant Human Hyaluronidase)
- Hyaluronidase to infuse first at 1-2 ml/minute/site **subcutaneous administration only** as tolerated

### DOSE/FREQUENCY:

Induction: \_\_\_ gm total to infuse via subcutaneous administration for induction step protocol

Treatment/Interval	Induction for every 3 week frequency	Induction for every 4 weeks frequency
1st infusion/week 1	total grams x 0.33	total grams x 0.25
2nd infusion, week 2	total grams x 0.67	total grams x 0.5
3rd infusion, week 4	Administer total grams	total grams x 0.75
4th infusion, week 7	N/A	Administer total grams

Maintenance: \_\_\_ gm every \_\_\_ weeks

OR

Induction: \_\_\_ gm total to infuse vial subcutaneous administration for induction step per the below Ramp up:

- 1st Dose - Administer \_\_\_ grams on week \_\_\_\_\_
- 2nd Dose - Administer \_\_\_ grams on week \_\_\_\_\_
- 3rd Dose - Administer \_\_\_ grams on week \_\_\_\_\_
- 4th Dose - Administer \_\_\_ grams on week \_\_\_\_\_
- 5th Dose - Administer \_\_\_ grams on week \_\_\_\_\_

Maintenance Dose: \_\_\_ grams to be infused every \_\_\_ weeks

Refills x 12 months unless noted otherwise here:

### NURSING ORDERS:

- Provide nursing care per Palmetto Infusion Nursing Procedures and post procedure observation if indicated.

### ADVERSE REACTION & ANAPHYLAXIS ORDERS:

Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders, which can be found at our website or scan here.



### PRESCRIBER INFORMATION:

PROVIDER NAME:	PHONE:
ADDRESS:	FAX:
CITY, STATE, ZIP:	NPI:

### PRESCRIBER SIGNATURE: (No stamp signatures)

DATE

Dispense as written/Brand medically necessary	Substitution permitted



## Checklist for referrals to Palmetto Infusion: Fax referral to 1.866.872.8920

- Patient demographics - address, phone number, SS#, etc.**
- Insurance information - copy of the card(s) if possible**
- Plan of Treatment/Orders**
- Most recent physician office notes to include tried and failed therapies - all insurance companies that require a pre-authorization require the note. This includes Medicare/Medicaid HMOs.**
- Any lab results or other diagnostic procedures to support the diagnosis.**

Palmetto Infusion will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility.

Our office will notify you if any further information is required.

We will review financial responsibility with patient and refer them to any available co-pay assistance as required. Palmetto Infusion Call Center 800.809.1265. Thank you for your referral.

[www.PalmettoInfusion.com](http://www.PalmettoInfusion.com)