

IVIG (Gammagard Liquid, Gammagard S/D, Gamunex-C, Privigen, Octagam)



Provider Order Form rev. 5/20/2022

www.aleracare.com
ph: 888-209-8874 fax: 833-329-4738

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Patient Phone: _____ Patient Email: _____

NKDA Allergies: _____ Weight lbs/kg: _____ Height: _____

Patient Status: New to Therapy Continuing Therapy Therapy Change Next Due Date (if applicable): _____

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

DOCUMENTATION (REQUIRED)

Labs Insurance Card (front and back) Current Medications History/Progress Notes

MEDICATION ORDER

Gammagard Liquid

(PI) _____ (ref range 300-600mg/kg) IV every 3-4 weeks
(MMN) _____ gm/day x _____ days; OR _____ gm/kg/course divided over _____ days (ref range 0.5- 2.4gm/kg) IV once per month

Gammagard S/D

(PI or CLL) _____ mg/kg (ref range 300-600mg/kg) IV every 3-4 weeks
(ITP): 1g/kg IV. Up to 3 separate doses may be given on alternate days (if required)

Gamunex-C

(ITP) _____ gm/day IV X _____ days; OR _____ gm/kg/course divided over _____ days (ref range 2g/kg)
(CIDP) Loading dose: _____ gm/day IV X _____ days; OR _____ gm/kg/course divided over _____ days (ref range 2g/kg)
(CIDP) Maintenance _____ gm/day IV X _____ days; OR _____ gm/kg/course divided over _____ days (ref range 1g/kg) given every 3 weeks
(PI) _____ mg/kg (ref range 300-600mg/kg) every 3-4 weeks

Privigen

(PI): _____ mg/kg (ref range 200-800mg/kg) IV every 3-4 weeks
(ITP) 1g/kg IV for 2 consecutive days
(CIDP) Loading dose: 2g/kg IV in divided doses over 2-5 consecutive days
(CIDP) Maintenance dose: 1g/kg IV administered in 1-2 infusions on consecutive days every 3 weeks

Octagam

5% (PI) _____ mg/kg (ref range 300-600 mg/kg) IV every 3-4 weeks
10% (Chronic ITP) 1 g/kg daily for 2 consecutive days (Administer Octagam 10% at a total dose of 2 g/kg, divided into two doses of 1 g/kg (10 ml/kg) given on two consecutive days.)
10% (Dermatomyositis) 2g/kg divided in equal doses given over 2-5 consecutive days every 4 weeks

ICD-10 CODE

D69.3 Idiopathic thrombocytopenia purpura (ITP)
D61.81 Chronic inflammatory demyelinating polyneuropathy (CIDP)
D80.9 Primary humoral immunodeficiency (PI)
D83.9 Common variable immunodeficiency/agammaglobulinemia
D82.0 Wiskott-Aldrich syndrome
G61.82 Multifocal motor neuropathy
M33.13 Dermatomyositis without myopathy
Other: _____

SPECIAL INSTRUCTIONS

indicate below if there is a maximum infusion rate due to presence of specific clinical concerns (ref range 1-8mg/kg/min)

Provider Name (Print) _____ Provider Signature _____ Date _____

Check here if this is a stat order

Order Expiration Date (mm/dd/yy): _____ (If not indicated order will expire one year from date signature)