aleracare
advanced infusion centers™

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

Provider Order Form rev. 5/5/2023

Patient Information

Patient Name: DOB:

Patient Phone: Patient Email:

NKDA Allergies: Weight lbs/kg: Height:

Patient Status: New to Therapy Continuing Therapy Therapy Change Last infusion date (if applicable): ____________________

Is the patient pregnant, planning a pregnancy or nursing: Yes No Does the patient need interpreter services: Yes No

Provider Information

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip:

ICD-10 CODE

D69.3 Idiopathic thrombocytopenia purpura (ITP) G61.81 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: ____

Documentation Required (Note: Send all labs, must include specific labs listed here)

Labs (IgG) 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

Special Instructions (Prior therapy, treatment dates, and reasons for d/c)

Provider Name Provider Signature Date

Order Expiration Date (mm/dd/yy): __________________ (If not indicated order will expire one year from date signature) Check here if this is a stat order