

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

www.vascoinfusion.com  
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Provider Order Form rev. 5/20/2022

**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)