



1 PATIENT INFORMATION Patient Name: _____ Phone: _____ MRN #: _____ DOB: _____ Drug Allergies : _____ <input type="checkbox"/> No Known Allergies	2 PRESCRIBER INFORMATION Prescriber's Name: _____ DEA#: _____ NPI: _____ Clinic/Facility Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ Fax: _____
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3 CLINICAL INFORMATION
 Diagnosis (ICD-10 code): _____
 Previous IG Therapy: Hizentra IVIG: (Brand) _____ Other: _____ None
 Last Dose: _____ grams Date of Last Dose: _____
 Frequency of injection or infusion: _____

For New Starts: Patient home infusion training will be provided by IGIQ. Infusion rate, # of subcutaneous sites and frequency will be determined by IGIQ during the first month.

For Maintenance Fills: Infusion rate, # of subcutaneous sites and frequency will be coordinated by KPWA Specialty Pharmacy Team

4 HIZENTRA PRESCRIPTION INFORMATION
 New Start: No Yes Weight: _____ lbs kg Date Recorded: _____
Hizentra (immune globulin subcutaneous 20%)
 Treatment Start Date: ____/____/____ Quantity: 1 month supply Other _____ Refills: 5 months 11 months Other _____
 Dose in mg/kg (optional): _____ Dose (grams) and frequency: _____
 Infusion Sites, Rates, and Supplies: Per protocol (See below) Special Instructions (Specify below)
 Special Instructions: _____
 Patient's Current Home Care/Specialty Pharmacy: _____
Epinephrine Auto-Injector
 Strength: 0.15mg 0.3mg Quantity: 2 Refills: _____
 Sig: Inject into lateral thigh muscle for severe allergic reaction. Seek medical attention after use.
Ancillary Supplies
 Freedom 60 pump
 Mini-spike dispensing pin, 60ml luer lock syringes, syringe caps, RMS High Flo Needle Sets, and RMS flow rate tubing
 Quantity: 1 month supply Other _____ Refills: 5 months 11 months Other _____
 Sig: Use as directed for Hizentra infusion at the frequency stated above.

- Hizentra Infusion Protocol:**
- First Infusion: Do not exceed a rate of 15mL/hr and a volume of 15 mL per injection site
 - For subsequent infusions, the flow rate may be increased to a maximum of 25 mL/hr per site as tolerated
 - The final volume/site may vary as tolerated, depending in part on the patient's BMI:
 - Low BMI: 5-10mL/site; Medium BMI: 10-22mL/site; High BMI: 20-50mL/site
 - Smaller volumes may be infused rapidly in 15-30 minutes, larger volumes more slowly (1-2 hours or more).
 - Use up to 4 sites simultaneously or up to 12 sites consecutively per infusion, with sites placed at least 2 inches apart
 - Infusion sites, infusion rates and supplies within the above parameters can be determined by the nurse or specialty pharmacy, unless specified in Special Instructions section above.

5 PHYSICIAN SIGNATURE REQUIRED			
X		X	
SUBSTITUTION PERMITTED	(Date)	DISPENSE AS WRITTEN	(Date)

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 KPWASMP-V1