

# IV Immunoglobulin (IVIG) Product Order Form



## Demographics

Patient Name: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_

DOB: \_\_\_\_\_

NPI: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

Allergies: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

Height: \_\_\_\_\_ (in) Weight: \_\_\_\_\_ (kg)

## Referral Status

☐ New Referral

Has the patient been treated for this condition previously?

☐ Dose or Frequency Change

☐ No ☐ Yes, medication(s): \_\_\_\_\_

☐ Order Renewal

## Diagnosis & Required Information

☐ Diagnosis description and ICD 10 Code (s): \_\_\_\_\_

☐ Patient Face Sheet

☐ Clinical/Progress Note

☐ Labs/Tests supporting diagnosis

## Medication Order

### Pre-Medications:

☐ Acetaminophen PO: \_\_\_\_\_ mg ☐ Methylprednisolone IV: \_\_\_\_\_ mg

☐ Famotidine IV: \_\_\_\_\_ mg ☐ Cetirizine PO (circle one): \_\_\_\_\_ mg

☐ Other: \_\_\_\_\_

☐ Hydration needed: Diluent - \_\_\_\_\_ Volume - \_\_\_\_\_ Rate - \_\_\_\_\_

### Drug:

**Subject to prior authorization. OSG formulary products include: Octagam, Privigen, Gammagard, Bivigam, Gammaked**

☐ IV Immunoglobulin or Biosimilar (Oregon Specialty Infusion will determine product based upon patient's insurance & benefits investigation)

— OR —

☐ Do not substitute: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ ☐ Actual body weight ☐ Ideal body weight if Ideal body weight  $\geq$  30kg/M2

### Dose and Frequency:

☐ 0.4 gm/kg IV frequency \_\_\_\_\_

☐ 1 gm/kg IV frequency \_\_\_\_\_

☐ 2gm/kg IV frequency \_\_\_\_\_

☐ Other: \_\_\_\_\_

### Labs:

☐ Complete Metabolic Panel, routine, ONCE every \_\_\_\_\_ ☐ Days ☐ Weeks ☐ Months

☐ CBC with differential, Routine, ONCE every \_\_\_\_\_ ☐ Days ☐ Weeks ☐ Months

☐ Other: \_\_\_\_\_

☒ \*\*OSI Hypersensitivity protocol: Solumedrol, Benadryl, or Famotidine could be used in the event of a hypersensitivity reaction. Referring office will be notified if this occurs\*\*

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Fax completed form to (503) 540-3105

Questions? Call us at (503) 540-9999

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