

Adult Intravenous Immunoglobulin (IVIG) Order Form

All IVIG orders must be ordered using this order form. Handwritten orders will not be accepted.

Laboratory

- Serum immunoglobulin level IgG, IgM, and IgA prior to infusion and every _____ weeks thereafter.
- Serum Creatinine
- Other: _____

Pre-Medications – Give first dose 30 minutes prior to each administration of IVIG

- acetaminophen 650mg PO x 1 dose
- diphenhydramine 25mg IV x 1 dose
- diphenhydramine 25mg PO x 1 dose
- ondansetron 4mg IV x 1 dose
- famotidine 20mg IV x 1 dose
- Other: _____
- Other: _____
- Other: _____

IVIG Orders – Indication/Recommended Dosing (Provider to order specific dose below)

- B-cell chronic lymphocytic leukemia (CLL)
(Recommended Dosing Regimen: 400 mg/kg every 3 – 4 weeks)
- Chronic inflammatory demyelinating polyneuropathy (CIDP)
(Recommended Dosing Regimen: Loading dose: 2,000 mg/kg in divided doses over 2 – 4 consecutive days, Maintenance: 1,000 mg/kg every 3 weeks, Alternative: 500mg/kg/day x 2 consecutive days)
- Immune Thrombocytopenia (ITP)
(Recommended Dosing Regimen: Initial: 1,000 mg/kg daily for 2 consecutive days OR 400 mg/kg/day x 5 consecutive days)
- Multifocal motor neuropathy (MNN)
(Recommended Dosing Regimen: 500 – 2,400 mg/kg every 4 weeks based on clinical response)
- Primary humoral immunodeficiency disorder (PI)
(Recommended Dosing Regimen: 300 – 600 mg/kg every 3 – 4 weeks)
- Dermatomyositis
(Recommended Dosing Regimen: 2,000 mg/kg per treatment course in divided doses over 2 – 5 consecutive days every 4 weeks)
- Guillain-Barré syndrome
(Recommended Dosing Regimen: 2,000 mg/kg per treatment course in divided doses over 2 – 5 consecutive days)
- Multiple Sclerosis (MS)
(Recommended Dosing Regimen: 1,000 mg/kg per month)
- Myasthenia gravis (MG)
(Recommended Dosing Regimen: 2,000 mg/kg per treatment course in divided doses over 2 – 5 consecutive days)
- OTHER _____

Per P & T Committee, use for indications other than those listed above requires discussion with pharmacist before IVIG may be dispensed and administered.

DOSE: _____ mg/kg IV daily for _____ consecutive days every _____ weeks
OR _____ mg/kg IV once every _____ weeks
OR _____ grams IV once every _____ weeks

- Use Formulary product
- Use Gamunex – C

Signature of Provider

Date

Time

Version 06-2019



Patient Information Sticker