

# Pemivibart (Pemgarda)



Provider Order Form rev. 9/10/24

## PATIENT INFORMATION

Referral Status:  New Referral  Updated Order  Order Renewal

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

ICD-10 code (required): \_\_\_\_\_ ICD-10 description: \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_ Weight (lbs/kg): \_\_\_\_\_ Height: \_\_\_\_\_

Patient Status:  New to Therapy  Continuing Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

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

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## NURSING

- Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation  
**NOTE:** IVX Adverse Reaction Management Protocol available for review at [www.ivxhealth.com/forms](http://www.ivxhealth.com/forms) (version 05.01.2023)

## PRE-MEDICATION ORDERS

- acetaminophen (Tylenol)  500mg /  650mg /  1000mg PO
- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- diphenhydramine (Benadryl)  25mg /  50mg  PO /  IV
- methylprednisolone (Solu-Medrol)  40mg /  125mg IV
- hydrocortisone (Solu-Cortef)  100mg IV
- Other: \_\_\_\_\_
- Dose: \_\_\_\_\_ Route: \_\_\_\_\_
- Frequency: \_\_\_\_\_

## THERAPY ADMINISTRATION

- Pemivibart** (Pemgarda)
  - Dose: 4500 mg
  - Frequency:  one time infusion /  every 3 months
  - Route:  intravenous
  - Infuse over 1 hour
  - Flush with 0.9% sodium chloride at infusion completion
- Patient is required to stay for 2-hour observation period
- Refills:  Zero /  for 12 months /  \_\_\_\_\_  
(if not indicated order will expire one year from date signed)

## SPECIAL INSTRUCTIONS

Provider Name (Print) \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

## FAX NUMBERS

- |   |   |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> AUSTIN: 512-772-2824     | <input type="checkbox"/> CONNECTICUT: 860-955-1532    | <input type="checkbox"/> INDIANAPOLIS: 844-983-2028 | <input type="checkbox"/> NORTH CENTRAL FL: 352-756-4191 | <input type="checkbox"/> RALEIGH: 919-287-2551      |
| <input type="checkbox"/> BAY AREA: 844-889-0275   | <input type="checkbox"/> DAYTONA: 386-259-6096        | <input type="checkbox"/> JACKSONVILLE: 904-212-2338 | <input type="checkbox"/> NORTH JERSEY: 551-227-2823     | <input type="checkbox"/> SAN ANTONIO: 726-238-9950  |
| <input type="checkbox"/> CHARLOTTE: 336-663-0143  | <input type="checkbox"/> DELAWARE: 302-596-8553       | <input type="checkbox"/> KANSAS CITY: 844-900-1292  | <input type="checkbox"/> NORTHWEST AR: 888-615-1445     | <input type="checkbox"/> SARASOTA: 941-870-6550     |
| <input type="checkbox"/> CHICAGO: 312-253-7244    | <input type="checkbox"/> EAST TN: 615-425-7427        | <input type="checkbox"/> LAKELAND: 863-316-3910     | <input type="checkbox"/> ORLANDO: 844-946-0867          | <input type="checkbox"/> SOUTH JERSEY: 856-519-5309 |
| <input type="checkbox"/> CINCINNATI: 844-946-0868 | <input type="checkbox"/> FT. LAUDERDALE: 754-946-2052 | <input type="checkbox"/> LITTLE ROCK: 501-451-5644  | <input type="checkbox"/> PALM BEACH: 561-768-9044       | <input type="checkbox"/> SOUTHWEST FL: 813-283-9144 |
| <input type="checkbox"/> COLUMBUS: 844-627-2675   | <input type="checkbox"/> HARRISBURG: 844-859-4235     | <input type="checkbox"/> MIAMI: 786-744-5687        | <input type="checkbox"/> PHILADELPHIA: 844-820-9641     | <input type="checkbox"/> TAMPA: 844-946-0849        |
|   | <input type="checkbox"/> HOUSTON: 832-631-9595        | <input type="checkbox"/> MIDDLE TN: 888-615-1445    | <input type="checkbox"/> PIEDMONT TRIAD: 336-790-2200   | <input type="checkbox"/> WEST TN: 888-615-1445      |