

Cuvitru Infusion Order (Revised 4/3/21)

Instructions to provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form.

Required Lab Results: IgA level prior to first infusion. CBC with differential, creatinine within 3 months prior to each infusion.

Infusion Therapy:

Cuvitru _____ gm SC ICD 10 code: _____

Frequency: every _____ weeks

Pre-Meds: Administer 30 minutes prior to Cuvitru

Acetaminophen _____ mg PO x 1

Benadryl _____ mg PO

Loratadine 10mg PO x 1

Additional Orders:

PRN Medications:

- Acetaminophen 500mg PO q4 hours PRN pain
- Ibuprofen 800mg PO q8 hours PRN pain

Special Instructions:

- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.

Infusion Monitoring:

- Obtain vital signs pre- and post-infusion.
- Monitor for signs and symptoms of reaction for 30mins after infusion.

Physician Name: _____

Physician Signature: _____

Date: _____ (order valid for 1 year)

Patient Name:

DOB:

MRN: