AOM Infusion

Improving Health and Enhancing Lives with IVIG Therapy

The AOM Difference

AOM Infusion has been a leader in infusion care for 30 years, with a pharmacy license in all 50 states. We specialize in the care of patients with chronic conditions who may require a more complex level of treatment, infusing great care in everything we do so our patients can improve their health and live an enhanced life.

- AOM nurses and pharmacists hold Immune Globulin Certifications from Immunoglobulin National Society (IgNS)
- Regular reporting and updates enable prescribers to track their patient's clinical progress throughout treatment
- We have access to all available intravenous and subcutaneous immunoglobulin products
- Experienced clinicians and nurses are available 24/7 for patient support

Accreditations and Affiliations

ACHC ACCREDITED

IgNS

NASP

NHIA National Home Infusion Association

ACHC DISTINCTION IG THERAPY

Refer Patients to AOM for Ig Therapy

When you refer to AOM Infusion, we will blend in as a trusted member of the patient's care team. You can rely on our team for responsiveness, attention to detail and follow through.

Ig Referral Documentation Checklist

- ✓ Patient Full Name and Date of Birth
- ✓ Photocopy of All Insurance Cards (Front and Back)
- ✓ List of Active Medications
- ✓ Any Known Allergies
- ✓ Diagnosis and ICD-10 Code
- ✓ Date of Order
- ✓ Complete Order to Include Medication, Dose, Frequency, Route and Duration
- ✓ Most Recent History and Physical/Office Visit Notes
- ✓ Current Lab Results
- ✓ Documentation that the Condition is Rapidly Progressing, Extensive or Debilitating
- ✓ For Continued Therapy, Documentation the Patient is Currently Receiving Ig and having Positive Response to the Therapy
- ✓ Prescriber's Name, Address, Contact Number, NPI
- ✓ Any Alternate Contact Information
- ✓ Local Retail Pharmacy Name and Phone Number

To refer a patient call **800-746-9089**, or visit us at **www.aominfusionrx.com** and click on the referral link.

IVIG Comparison Chart

Product Specifics	Alyglo	Asceniv	Bivigam	Cutaquig	Cuvitru	Gammagard Liquid	Gammagard S/D	Gammaked	Gamunex-C	Gammaplex	Hizentra	Hyqvia	Octagam	Panzyga	Privigen	Qivigy	Xembify	Yimmugo
Sizes	5g, 10g, 20g	5g	5g, 10g	1g, 2g, 4g, 8g	1g, 2g, 4g, 8g, 10g	1g, 2.5g, 5g, 10g, 20g, 30g	5g, 10g	1g, 2.5g, 5g, 10g, 20g	1g, 2.5g, 5g, 10g, 20g, 40g	5g, 10g, 20g	1g, 2g, 4g, 10g	2.5g, 5g, 10g, 20g, 30g	5% : 1g, 2.5g, 5g, 10g, 25g 10%: 2g, 5g, 10g, 20g, 30g	2.5g, 5g, 10g, 20g, 30g	5g, 10g, 20g, 40g	5g, 10g	1g, 2g, 4g, 10g	5g, 10g, 20g
Storage	Refrigeration: 2° to 8°C (36° to 46°F) for 36 mths. Room temperature 25°C (77°F) for up to 24 mths. Do not return to refrigeration if removed for room temp. Do not freeze or shake. Protect from light.	Refrigerate between 2 to 8° C (36 to 46°F) for up to 36 mths. Within the first 24 mths, may be stored at RT (77°F) for up to 4 weeks. After storage at RT, must be used or discarded. Do not freeze or heat. Do not shake.	Refrigerate between 2 to 8° C (36 to 46°F) for up to 36 mths. Within the first 24 mths, may be stored at RT (77°F) for up to 4 weeks. After 24 months, product may be stored at ≤ 25°C up to 2 weeks, until expiry. After storage at RT, must be used or discarded. Do not freeze or heat. Do not shake.	Refrigerate between 2 to 8° C (36 to 46°F) for up to 36 mths. May be stored at RT (77°F) for up to 9 mths without being refrigerated again. Do not freeze or heat. Do not shake.	Refrigeration: 2° to 8°C (36° to 46°F) for 36 mths. Room temperature 25°C (77°F) for up to 24 mths. Do not return to refrigeration if removed for room temp. Do not freeze or shake. Protect from light.	Refrigeration: 2° to 8°C (36° to 46°F) for 36 mths. Room temperature 25°C (77°F) for up to 24 mths. Do not freeze. Do not shake.	Not to exceed 25°C (77°F), Avoid freezing. Do not shake.	Refrigeration: 2° to 8°C (36°to 46°F) for 36 mths. May be stored at 25°C (77°F) for up to 6 mths any time during the 36 mth shelf life, after which must be used immediately or discarded. Do not freeze.	Refrigeration: 2° to 8°C (36°to 46°F) for 36 mths. May be stored at 25°C (77°F) for up to 6 mths any time during the 36 mth shelf life, after which must be used immediately or discarded. Do not freeze.	Room temperature 25°C (77°F) - 36 mths Do not freeze. Do not shake.	Room temperature 25°C (77°F) - 30 mths. Do not freeze. Keep vials in storage box until use.	Refrigeration: 2° to 8°C (36° to 46°F) for 36 mths. Room temperature 25°C (77°F) for up to 3 mths during the 1st 24 mths from Mfg date. Protect from light. Do not freeze.	5% : 2° to 8°C (36° to 46°F) for 24 mths 10%: 2° to 8°C (36° to 46°F) for 36 mths. Can be stored for up to 9 mths any time during the 36 mth shelf life, after which must be used immediately or discarded. Do not freeze.	2° to 8°C (36° to 46°F) for 36 mths. Or 25°C (77°F) for up to 12 mths, after which must be used immediately or discarded. Do not freeze.	Room temperature (25°C) (77°F) for 36 mths. Protect from light. Do not freeze. Do not shake.	Refrigeration: 2° to 8°C (36° to 46°F) for 36 mths Keep vial stored in the outer carton in order to protect from light. Do not freeze. Do not shake.	2° to 8°C (36° to 46°F) May be stored at temperatures not to exceed 77°F for up to 6 mths anytime prior to expiration date, after which must be used immediately or discarded. Do not freeze. Do not shake.	2° to 8°C (36° to 46°F) May be stored at temperatures not to exceed 77°F for up to 6 mths anytime prior to expiration date, after which must be used immediately or discarded. Do not freeze. Do not shake.
Form	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid	Lyophilized	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid
Reconstitution Fluid	N/A	N/A	N/A	N/A	N/A	N/A	Sterile Water for Injection	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Concentration Options	10%	10%	10%	16.5%	20%	10%	5% or 10%	10%	10%	5% and 10%	20%	10%	5% and 10%	10%	10%	10%	20%	10%
Indications	PI	PI	PI	PI	PI	PID + MMN + CIDP	PID + ITP + CLL + Kawasaki disease	PID + ITP + CIDP	PID + ITP + CIDP	PI + ITP	PID + CIDP	PI + CIDP	5%: PID 10%: ITP + Dermatomyositis	PID + ITP + CIDP	PID + ITP + CIDP	PI	PI	PI
Contraindications	History of anaphylactic or severe systemic reactions to human immunoglobulin. IgA deficient patients with antibodies against IgA and a history of hypersensitivity.	History of anaphylactic or severe systemic reactions to human immunoglobulin. IgA deficient patients with antibodies against IgA and a history of hypersensitivity.	History of anaphylactic or severe systemic reactions to human immunoglobulin. IgA deficient patients with antibodies against IgA and a history of hypersensitivity.	History of anaphylactic or severe systemic reactions to human immunoglobulin or other components of Cutaquig. IgA deficient patients with antibodies against IgA and a history of hypersensitivity.	History of anaphylactic or severe systemic hypersensitivity reaction to the subcutaneous administration of human immune globulin. IgA-deficient patients with antibodies against IgA and a history of hypersensitivity to human immune globulin treatment.	History of anaphylactic or severe systemic reactions to human immunoglobulin. IgA deficiency with antibodies to IgA	Selective IgA deficiency where IgA deficiency is only abnormality of concern.	IgA deficiency with antibodies to IgA	IgA deficiency with antibodies to IgA	History of anaphylactic or severe systemic reactions to human immunoglobulin. IgA deficient patients with antibodies against IgA and a history of hypersensitivity.	IgA deficiency with antibodies to IgA. Also contraindicated in hyperprolinemia patients due to stabilizer: L-proline.	History of anaphylactic or severe systemic reactions to human immunoglobulin. IgA deficient patients with antibodies against IgA and a history of hypersensitivity. Known systemic hypersensitivity to hyaluronidase including Recombinant Human Hyaluronidase of Hyqvia. Known systemic hypersensitivity to human albumin (in the hyaluronidase solution).	IgA deficiency with antibodies to IgA. History of anaphylactic or severe reactions to human immunoglobulin.	IgA deficiency with antibodies to IgA. History of anaphylactic or severe reactions to human immunoglobulin.	IgA deficiency with antibodies to IgA. Also contraindicated in hyperprolinemia patients due to stabilizer: L-proline.	IgA deficiency with antibodies to IgA. History of anaphylactic or severe reactions to human immunoglobulin.	History of anaphylactic or severe systemic reactions to human immunoglobulin or ingredients of Xembify such as polysorbate 80. IgA deficient patients with antibodies against IgA and a history of hypersensitivity.	History of anaphylactic or severe systemic reactions to human immunoglobulin. IgA deficient patients with antibodies against IgA and a history of hypersensitivity.
Infusion Rates *(Refer also to full prescribing information)*	Initial: 1mg/kg/min Maximum: Double the infusion rate every 30 minutes (if tolerated) up to 8mg/kg/min. Initial Infusion Rate from 2nd Infusion: 2mg/kg/min. Maximum: Double the infusion rate every 15 minutes (if tolerated) up to 8mg/kg/min.	Initial: 0.5mg/kg/min for the first 15 minutes Maintenance Infusion Rate (if tolerated): Increase every 15 minutes by 0.8mg/kg/min up to 6mg/kg/min. (max recommended rate: 4.8ml/kg/hr)	Initial: 0.5mg/kg/min for the first 10 minutes Maintenance Infusion Rate (if tolerated): Increase every 20 minutes by 0.8mg/kg/min up to 6mg/kg/min. (max recommended rate: 3.6ml/kg/hr)	Initial: 17y and older: 20mL/hr/site 2-16y: up to 15mL/hr/site Subsequent infusions: 17y and older: 52mL/hr/site 2-16y: up to 25mL/hr/site Maximum infusion rates: 17y and older: 52mL/hr/site 2-16y: up to 25mL/hr/site	First 2 infusions: recommended infusion rate is 10-20 mL/hr/site. For subsequent infusions, the infusion rate may be increased to 60 mL/hr/site as tolerated (e.g., 60 mL/hr/site x 2 sites = 120 mL/hr). For patients utilizing 4 infusion sites, the maximum infusion rate for all sites combined is 240 mL/hr.	Intravenous (IV): Initial: 0.8mg/kg/min Maximum: 8-9mg/kg/min Subcutaneous (SC): Initial: 1.37 x current IV dose in mg/kg per IV dose interval in weeks Maximum: 20 to 30mL/hr/site	Use a 5% solution at 0.5 mL/kg/hr. Patients who tolerate the 5% solution at up to 4 mL/kg/hr can be infused with 10% solution starting at 0.5 mL/kg/hr up to 8 mL/kg/hr.	PID Intravenous (IV): Initial: 1mg/kg/min Maximum: 8mg/kg/min Subcutaneous (SC): Initial: 1.37 x current IV dose in mg/kg per IV dose interval in weeks Maximum: 20mL/hr/site ITP & CIDP Intravenous (IV): ITP Initial: 1mg/kg/min CIDP Initial: 2mg/kg/min Maximum: 8mg/kg/min	PID Intravenous (IV): Initial: 1mg/kg/min Maximum: 8mg/kg/min Subcutaneous (SC): Initial: 1.37 x current IV dose in mg/kg per IV dose interval in weeks Maximum: 20mL/hr/site ITP & CIDP Intravenous (IV): ITP Initial: 1mg/kg/min CIDP Initial: 2mg/kg/min Maximum: 8mg/kg/min	5% : Initial: 0.5mg/kg/min (0.01 mL/kg/min) for 15 mins, increase gradually every 15 mins to 4mg/kg/min (0.08mL/kg/min) 10%: Initial: 0.5mg/kg/min (.005mL/kg/min) for 15 mins, Increase gradually every 15 mins to 8mg/kg/min (0.08 mL/kg/min)	Subcutaneous only: Not for intravenous administration. PID Initial Infusion: 15mL/hr/inj site. Subsequent infusions may be increased as tolerated to 25mL/hr/site at a maximum rate of 50mL/hour for all sites combined. CIDP Initial Infusion: 20mL/hr/inj site. Subsequent infusions may be increased as tolerated to 25mL/hr/site at a maximum rate of 50mL/hour for all sites combined.	1st 2 Infusions: <88lbs 5mL per site, per hour ramping up 5mL every 5-15 minutes, max 80mL per site, per hour. >88lbs 10mL per site, per hour ramping up every 5-15 minutes, max 240mL per site, per hour. Subsequent 2 or 3 infusions: <88lbs 10mL per site, per hour ramping up 5mL every 5-15 minutes, max 160mL per site, per hour. >88lbs 10mL per site, per hour ramping up every 5-15 minutes, max 300mL per site per hour.	5% Initial: 0.5mg/kg/min Maintenance infusion rate: max. of 3.33mg/kg/min (if tolerated) 10% Initial: ITP 1.0mg/kg/min Maximum: Up to 12.0mg/kg/min (if tolerated) DM 1.0mg/kg/min Maximum: Up to 4mg/kg/min (if tolerated)	PID Initial: 1mg/kg/minute Maximum Rate: 14mg/kg/min ITP Initial: 1mg/kg/min Maximum Rate: 8mg/kg/min CIDP Initial: 1mg/kg/min Maximum Rate: 12mg/kg/min	PID Initial: 0.5mg/kg/min Maximum: 8mg/kg/min ITP Initial: 0.5mg/kg/min Maximum: 4mg/kg/min CIDP Initial: 0.5mg/kg/min Maximum: 8mg/kg/min	PI Initial: 0.01mL/kg/min (1mg/kg/min) for 30 mins Maximum: 8mg/kg/min From 2nd Infusion: 2mg/kg/min for 15 mins Maximum: 8mg/kg/min	Subcutaneous only: Not for intravenous administration. Infuse at a maximum rate of 25 mL per hour per infusion site using up to 6 infusion sites. Ensure infusion sites are at least 2 inches apart for patients of all ages.	Initial: 0.5mg/kg/min (0.005 mL/kg/min) for 30 mins, increase gradually every 30 mins to 3mg/kg/min (0.03mL/kg/min) From the 2nd infusion: 0.5mg/kg/min (.005mL/kg/min) for 30 mins, Increase gradually to 13mg/kg/min (0.13 mL/kg/min)
Other Administration Information	Allow refrigerated product to come to room temperature before infusing.	Allow refrigerated product to come to room temperature before infusing.	Allow refrigerated product to come to room temperature before infusing.	Do not dilute. Vials are single use only. Discard any unused product after infusion in accordance with local requirements.	For subcutaneous administration only. Do not administer intravenously or intramuscularly.	If dilution is required, may be diluted with 5% dextrose in water (D5/W). Warm to room temperature before infusing.	If refrigerated, warm to room temperature prior to infusion.	If dilution is required, may be diluted with 5% dextrose in water (D5/W). May be pooled in either glass or plastic. Warm to room temperature prior to infusion.	If dilution is required, may be diluted with 5% dextrose in water (D5/W). May be pooled in either glass or plastic. Warm to room temperature prior to infusion.	Infuse product at approximately room temperature. Infuse with set preferable fitted with an in-line 15-20 micron filter.	Warm to room temperature. Discard unused product immediately after use.	Warm to room temperature. Do not shake. Administer components of Hyqvia sequentially. Do not use either component alone.	Warm to room temperature if refrigerated prior to infusion.	Warm to room temperature.	If dilution is required, may be diluted in 5% dextrose in water (D5/W).	Warm to room temperature. Do not shake. Do not dilute.	Warm to room temperature.	Warm to room temperature.
Compatibility Issues	Do not dilute. Infuse using a separate infusion line.	Do not dilute. Infuse using a separate line by itself, without mixing with other intravenous fluids or medications the patient may be receiving.	Do not dilute. Infuse using a separate line by itself, without mixing with other intravenous fluids or medications the patient may be receiving.	Do not mix with other products.	Do not mix with other products. Do not dilute.	Infuse product by separate line without mixing other IV fluids or medications. Do not use NS 0.9% as a diluent.	Administer separately from other drugs/medications.	Infuse product by separate line without mixing with other IV fluids or medications. If administered through indwelling catheter, flush with D5W or NS before and after infusing product.	Infuse product by separate line without mixing with other IV fluids or medications. If administered through indwelling catheter, flush with D5W or NS before and after infusing product.	Administer separately from other drugs/medications.	Should not be mixed with other medicinal products.	Do not mix the hyaluronidase and Hyqvia in the same container prior to administration. Do not mix Hyqvia with other products.	Administer separately from other drugs or medications. Flushing: any normal infusion solution (i.e. D5W/saline).	Administer separately from other drugs or medications.	Infuse product by separate line without mixing other medications or fluids.	Administer separately from other drugs or medications (separate infusion line). Flushing: any normal infusion solution (i.e. D5W/saline).	Administer separately from other drugs/medications.	Do not mix with other IGIV products or intravenous medications. Do not dilute.
IgA Content	≤20 mcg/mL	≤200 µg/mL	≤200 µg/mL	<600mcg of IgA / mL	Average concentration of 80 mcg/mL	37 µg/mL	5% : <1mcg/ml 10%: <2.2mcg/ml	46 µg/mL	46 µg/mL	5% : <10 µg/mL 10%: <20 µg/mL	≤50mcg/mL	37 µg/mL	5% : <200 µg/mL 10%: <106 µg/mL	On average product contains 100 µg/mL	≤25 mcg/mL	<50mcg/mL (50mg/L)	≤70 µg/mL	≤300mcg of IgA / mL
Sugar Content	No sugar; stabilized with glycine	No sugar; stabilized with glycine	No sugar; stabilized with glycine	Maltose 79mg/mL	No sugar; stabilized with glycine	No sugar; stabilized with glycine	5% : 20mg/ml (2%) 10%: 40mg/ml	No sugar; stabilized with glycine	No sugar; stabilized with glycine	5%: D-Sorbitol 10%: no sugar; stabilized with glycine	No sugar; stabilized with l-proline	No sugar; stabilized with glycine	5% : Maltose 100mg/mL 10%: Maltose 90mg/mL	No sugar; stabilized with glycine	No sugar; stabilized with a nonessential amino acid: 250 mmol/L L-proline	No sugar; stabilized with glycine	No sugar; stabilized with glycine	No sugar, stabilized with glycine
Sodium Content	N/A	.100-0.140 M Sodium Chloride	.100-0.140 M Sodium Chloride	≤30mmol/L	None detected	None detected	Approximately 8.5 mg/mL sodium chloride	Trace amounts	Trace amounts	5% : 30-50mmol/L 10%: <30mM Sodium Chloride	Trace amounts	None detected	≤30 mmol/L	Trace amounts	Trace amounts	None recorded	Trace amounts	None detected
Osmolarity / Osmolality	240-360 mOsm/kg	370-510 mOsm/kg	370-510 mOsm/kg	310-380 mOsmol/kg	280-292 m0smol/kg	240-300 m0smol/kg	636 m0smol/L (5%) 1250 m0smol/L (10%)	258 m0smol/kg	258 m0smol/kg	5% : 420-500 m0sm/kg 10%: 240-280 m0smol/kg	380 m0smol/kg	240-300 m0smol/kg	310-380 m0smol/kg	240-310 m0smol/kg	320 m0smol/kg (240 to 440 range)	240 m0smol/kg	280-404 m0smol/kg	280-380 m0smol/kg
Latex in product stopper	Latex free	Latex free	Latex free	Latex free	Latex free	Latex free	Latex free	Latex free	Latex free	Latex free	Latex free	Latex free	Latex free	Latex free	Latex free	Latex free	Latex free	Latex free
Latex in diluent stopper	N/A	N/A	N/A	N/A	N/A	N/A	Contains Latex	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

IMPORTANT NOTICE - The information provided herein is a summary of available information only. This summary is to be used as a general educational tool and is not intended for use as a guideline for clinical evaluations. Such evaluations (including, but not limited to, initial and/or subsequent dosing, conversion from specific product brands, etc.) should utilize a thorough review of appropriate clinical data. Product package inserts are the primary source of information. Please see full Prescribing Information before prescribing.

Sourced from Jerry Siegel, PharmD, FASHP, "Immune Globulins: Therapeutic, Pharmaceutical, Cost, and Administrative Considerations"

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