Immune Globulin (IVIG) [4739]

The preferred intravenous immune globulin (IVIG) product for Houston Methodist System is Gamunex-C. If the patient cannot tolerate Gamunex-C and requires an alternate immune globulin product, please call Central Pharmacy to confirm product availability and place your order.

Houston Methodist Main Pharmacy Numbers

HM Baytown (281) 420-8680

HM Clear Lake (281) 523-2126

HM Continuing Care (832) 522-7152

HM Sugar Land (281) 274-7047

HM Texas Medical Center (HMH) (713) 441-5364

HM The Woodlands (936) 270-2700

HM West (832) 522-4300

Hm Willowbrook (281) 737-1407

| Medications | |
|---|---|
| IVIG with Premedications (Single Response) | |
| () Immune Globulin with Premedications-Every 24 | Hours |
| [] diphenhydrAMINE (BENADRYL) tablet | 25 mg, oral, every 24 hours |
| | Administer 30 minutes prior to IVIG administration. |
| [] acetaminophen (TYLENOL) tablet | oral, every 24 hours |
| | Administer 30 minutes prior to IVIG administration. |
| [] IVIG (GAMUNEX-C) 10% solution | intravenous, every 24 hours Initiate infusion at 30 mL/hr for 30 minutes then double rate every 30 minutes as tolerated to a goal rate of 120 mL/hr in the inpatient setting and a maximum rate of 4.8mL/kg/hr in the outpatient setting. The patient is not tolerating the infusion if they develop headache, flushing, itching, rash, nausea & vomiting, muscle pain, tachycardia (heart rate >100 BPM), a temperature elevation of 1.8 degrees Fahrenheit, hypotension (SBP < 90 mmHg), hypertension (SBP > 180 mmHg), chills, problems breathing, or chest tightness. Indications: |
| () Immune Globulin with Premedications-Once | |
| [] diphenhydrAMINE (BENADRYL) tablet | 25 mg, oral, once, For 1 Doses |
| | Administer 30 minutes prior to IVIG administration. |
| [] acetaminophen (TYLENOL) tablet | oral, once, For 1 Doses |
| | Administer 30 minutes prior to IVIG administration. |
| [] IVIG (GAMUNEX-C) 10% solution | intravenous, once, For 1 Doses Initiate infusion at 30 mL/hr for 30 minutes then double rate every 30 minutes as tolerated to a goal rate of 120 mL/hr in the inpatient setting and a maximum rate of 4.8mL/kg/hr in the outpatient setting. The patient is not tolerating the infusion if they develop headache, flushing, itching, rash, nausea & vomiting, muscle pain, tachycardia (heart rate >100 BPM), a temperature elevation of 1.8 degrees Fahrenheit, hypotension (SBP < 90 mmHg), hypertension (SBP > 180 mmHg), chills, problems breathing, or chest tightness. Indications: |
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