



## INFUSION ORDERS - VYVGART™ (efgartigimod alfa-fcab)

PATIENT INFORMATION		
Name:	DOB:	Dosing Wt: _____ **Max dosing weight will be 120kg
Allergies:	Date of Referral:	

REFERRAL STATUS		
<input type="checkbox"/> New Referral	<input type="checkbox"/> Dose or Frequency Change	<input type="checkbox"/> Order Renewal

DIAGNOSIS AND ICD 10 CODE	
<input type="checkbox"/> Generalized myasthenia gravis (gMG) anti-acetylcholine receptor (AChR)antibody positive	ICD 10 Code: G70
<input type="checkbox"/> Other: _____	ICD 10 Code: _____

REQUIRED DOCUMENTATION	
<input type="checkbox"/> This signed order form by the provider	<input type="checkbox"/> Clinical/Progress notes supporting primary diagnosis
<input type="checkbox"/> Patient demographics AND insurance information	<input type="checkbox"/> Labs and Tests supporting primary diagnosis
<input type="checkbox"/> _____	
List Tried & Failed Therapies, including duration of treatment:	
1)	2)

MEDICATION ORDERS					
Medication	Dosing	Calculated Dose	Rate of infusion	Diluent	Schedule
<input type="checkbox"/> VYVGART™ (efgartigimod alfa-cab)	10mg/kg	The staff will calculate dose based on current weight.	Infuse over 1 hour	125ml Ns	*Weekly x 4 weeks
<input type="checkbox"/> VYVGART™ (efgartigimod alfa-cab)		1200 mg For patient's weight greater than 120kg	Infuse over 1 hour	125ml Ns	*Weekly x 4 weeks
*Patient will be monitored per PI for 1 hour post infusion.					
** Subsequent treatment cycles to be at least 50 days from first dose of previous treatment.					

ADDITIONAL ORDERS	
<input type="checkbox"/> Order active for 6 months	
<input type="checkbox"/> Order active for 1 year	
<input type="checkbox"/> Utilize hypersensitivity standards of care	
Administration via a 0.2 micron in-line filter	

PHYSICIAN INFORMATION		
Prescribing Physician:		
Office Phone:	Office Fax:	Office Email:
Physician Signature:		Date:

Contact us with questions at: [info@rosenursing.net](mailto:info@rosenursing.net)  
or call **887.797.4632 / 954.432.8290**

Fax completed form and all documentation to **844.246.3364**

All information contained in this form is strictly confidential and will become part of the patient's medical record.