

TN  
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# Efgartigimod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo)

Provider Order Form

Date: \_\_\_\_\_

## PATIENT INFORMATION

Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	

## REFERRAL STATUS

New Referral  Referral Renewal  Medication/Order Change  Benefits Verification Only  Discontinuation Order

## PHYSICIAN INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

### SPECIAL INSTRUCTIONS

### THERAPY ADMINISTRATION

- efgartigimod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo)
- Dose: 1,008mg efgartigimod alfa and 11,200 units hyaluronidase
  - Frequency: once weekly for four weeks (one treatment cycle)
  - Route: Subcutaneous over approximately 30 to 90 seconds
- Select for additional treatment cycles. \_\_\_\_\_ (Indicate number of cycles)
- Subsequent cycles may require additional insurance authorization
  - Treatment cycles will be given 50 days from the start of the previous treatment cycle.
- Administer subcutaneously with a winged infusion set.
- Monitor patients during administration and for 30 minutes after administration for clinical signs and symptoms of hypersensitivity reactions. (Order will expire one year from date signed)

### NOTES/ADDITIONAL COMMENTS:

## ORDERING PROVIDER

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_