

Center City
1528 Walnut Street
Suite 1205
Philadelphia, PA 19102



King Of Prussia
216 Mall Blvd
Suite#1
King Of Prussia, PA, 19046

Provider Order Form

Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)

Date: _____

PATIENT INFORMATION

Name:	DOB:	SEX: M ☐ F ☐
ICD-10 code (required):	ICD-10 description:	
☐ 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

☐ Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)

• Dose: 1,008mg efgartigimod

Route: Subcutaneous over approximately 30 to 90 seconds

• Myasthenia Gravis (MG)

_____ Weekly Infusions then,
_____ Weeks Off
_____ Repeat Cycle Refills

• Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

Continuous weekly for _____ months

PRE-MEDICATION:

- ☐ _____ Tylenol 1000mg PO
☐ _____ Diphenhydramine 25mg PO
☐ _____ Cetirizine 10 mg PO
☐ _____ (other)

REQUIRED DOCUMENTATION CHECKLIST:

- ☐ _____ Patient Demographics
☐ _____ Insurance Card/Information
☐ _____ Recent Labs
☐ _____ Recent Progress

ORDERING PROVIDER

Signature X Date _____

Provider _____ Phone _____ Fax _____