

Pensacola
41 Fairpoint Drive
Suite B
Gulf Breeze, FL 32561

Boca Raton
9980 N Central Park Blvd
Suite 202
Boca Raton, FL 33428



Provider Order Form

Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)

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

Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)

Dose: 1,008 mg efgartigimod alfa + 11,200 units hyaluronidase

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 _____