

Hackensack
385 Prospect Avenue
Suite 101
Hackensack, NJ, 07601

Marlton
127 Church Road
Suite 203
Marlton, NJ 08053



Long Branch
422 Morris Avenue
Suite 7
Long branch, NJ 07740

Somerset
81 Veronica Avenue
Suite 202
Somerset NJ 08873

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
<input type="checkbox"/> New Referral <input type="checkbox"/> Referral Renewal <input type="checkbox"/> Medication/Order Change <input type="checkbox"/> Benefits Verification Only <input type="checkbox"/> 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

PRE-MEDICATION:
<input type="checkbox"/> _____ Tylenol 1000mg PO
<input type="checkbox"/> _____ Diphenhydramine 25mg PO
<input type="checkbox"/> _____ Cetirizine 10 mg PO
<input type="checkbox"/> _____ (other)

THERAPY ADMINISTRATION
<input type="checkbox"/> 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)
<input type="checkbox"/> _____ Weekly Infusions then,
<input type="checkbox"/> _____ Weeks Off
<input type="checkbox"/> _____ Repeat Cycle Refills
• Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)
<input type="checkbox"/> Continuous weekly for _____ months

REQUIRED DOCUMENTATION CHECKLIST:
<input type="checkbox"/> _____ Patient Demographics
<input type="checkbox"/> _____ Insurance Card/Information
<input type="checkbox"/> _____ Recent Labs
<input type="checkbox"/> _____ Recent Progress

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____