Local Infusion

MYLOCALINFUSION.COM

VYVGART HYTRULO (EFGARTIGIMOD ALFA AND HYALURONIDASE-QVFC) ORDER FORM

PATIENT INFORMATION

Patient Name: ______________________________ DOB: ____________

Mobile Number: ____________________ Patient Weight: ____________________kg

Allergies: ______________________________

❑ New Start Therapy | ❑ Continuation of Therapy & Date of last dose (if applicable): ____________________

DIAGNOSIS (Provider must specify)

❑ Myasthenia Gravis (without acute exacerbation), ICD 10: G70.00
❑ Myasthenia Gravis with acute exacerbation, ICD 10: G70.01
❑ Chronic inflammatory demyelinating polyneuropathy (CIDP), ICD 10: G61.81

PROVIDER INFORMATION

Provider Name (print name): ______________________________ Provider NPI:____________

Signature: ______________________________ Date: ____________

Contact Name: ____________________ Phone: ____________ Fax: ____________

Email Address: ______________________________

Prerequisites to treatment – ensure the following information is complete and attached with referral:

❑ Demographics ❑ Labs and tests supporting diagnosis ❑ Office/progress notes

PRE-MEDICATION (Not typically indicated)

❑ Acetaminophen (Tylenol) 500 mg PO
❑ Famotidine 20 mg IV
❑ Methylprednisolone (Solu-Medrol) 125 mg IVP
❑ Benadryl 25mg PO
❑ Cetirizine (Zyrtec) 10 mg PO
❑ Other: ______________________ Dose: ____________ Route: ____________

MEDICATION

MEDICATION	DOSE	FREQUENCY	ROUTE
Vyvgart Hytrulo	1,008 mg efgartigimod alfa / 11,200 units hyaluronidase per 5.6 mL	❑ gMG: Once weekly for 4 weeks. Subsequent treatment cycles may be ordered based on clinical evaluation. ❑ CIDP: Once weekly for 1 year	Subcutaneous Inj

gMG:I authorize ______ additional cycles of treatment.

LABS / SPECIAL INSTRUCTIONS

Order valid for 1 year from date of signature unless otherwise specified here: ____________________

FAX NUMBERS:

❒ CT: 203.433.0621
❒ FL: 904.877.9270
❒ MA: 413.296.8482
❒ MD: 240.224.8607
❒ ME: 207.407.7272
❒ NC: 919.984.8698
❒ NH: 603.217.5371
❒ NJ: 201.581.4521
❒ NY: 631.250.6020
❒ OH: 937.871.4594
❒ PA: 610.273.5998
❒ SC: 864.973.6279
❒ VA: 703.202.0499