

VYVGART (EFGARTIGIMOD ALFA-FCAB) ORDER FORM

PATIENT INFORMATION		
Patient Name:		DOB:
Mobile Number:	Patient Weight:	
Allergies:		
DIAGNOSIS (Provider must specify)		
☐ Myasthenia Gravis (without acute exacerbation), ICD 10: G70.00		
☐ Myasthenia Gravis with acute exac		
Other:		
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 Doffice/progress notes		
PRE-MEDICATION (Not typically indicated)		
Asstrucians has (Tilanal) 500 mar BO		
Acetaminophen (Tylenol) 500 mg PO	☐ Famotidine 20 mg IV	■ Methylprednisolone
■ Acerdminophen (Tylenol) 500 mg PO ■ Benadryl 25mg PO	☐ Famotidine 20 mg IV ☐ Cetirizine (Zyrtec) 10 mg PO	☐ Methylprednisolone (Solu-Medrol) 125 mg IVP
☐ Benadryl 25mg PO	_	(Solu-Medrol) 125 mg IVP
☐ Benadryl 25mg PO	☐ Cetirizine (Zyrtec) 10 mg PO	(Solu-Medrol) 125 mg IVP
☐ Benadryl 25mg PO	Cetirizine (Zyrtec) 10 mg PO Dose:	(Solu-Medrol) 125 mg IVP
☐ Benadryl 25mg PO ☐ Other:	Cetirizine (Zyrtec) 10 mg PO Dose: MEDICATION	(Solu-Medrol) 125 mg IVP Route:
Benadryl 25mg PO Other: MEDICATION Vyvgart Subsequent treatment cycles will rec	Cetirizine (Zyrtec) 10 mg PO Dose: MEDICATION DOSE / FREQUENCY 10 mg/kg once weekly for 4 consecutive weeks	(Solu-Medrol) 125 mg IVP Route: ROUTE IV O days from the start of the previous
Benadryl 25mg PO Other: MEDICATION Vyvgart Subsequent treatment cycles will rec	Cetirizine (Zyrtec) 10 mg PO Dose: MEDICATION DOSE / FREQUENCY 10 mg/kg once weekly for 4 consecutive weeks Max dose of 1200mg per infusion quire a new order, and will be initiated 5	(Solu-Medrol) 125 mg IVP Route: ROUTE IV 30 days from the start of the previous d.
Benadryl 25mg PO Other: MEDICATION Vyvgart Subsequent treatment cycles will recent to the sequent treatment of the seq	Cetirizine (Zyrtec) 10 mg PO Dose: MEDICATION DOSE / FREQUENCY 10 mg/kg once weekly for 4 consecutive weeks Max dose of 1200mg per infusion quire a new order, and will be initiated 5 reatment cycle unless otherwise directer	(Solu-Medrol) 125 mg IVP Route: ROUTE IV O days from the start of the previous d. plicable):

FAX NUMBERS: ☐ CT: 203.433.0621 ☐ MD: 240.224.8607 ☐ ME: 207.407.7272 ☐ NH: 603.217.5371 ☐ NJ: 201.581.4521 ☐ VA: 703.202.0499

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