

Efgartigimod alfa-fcab (Vyvgart)



Provider Order Form rev. 08/21/2023

PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date:	Patient Name:	DOB:
ICD-10 code (required):		ICD-10 description:
<input type="checkbox"/> NKDA Allergies:	Weight (lbs/kg):	Height:
Patient Status: <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy	Last Treatment Date:	Next Due Date:

PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

NURSING

- ☒ Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation  
**NOTE:** IVX Adverse Reaction Management Protocol available for review at [www.ivxhealth.com/forms](http://www.ivxhealth.com/forms) (version 05.01.2023)

SPECIAL INSTRUCTIONS

THERAPY ADMINISTRATION

- ☒ efgartigimod alfa-fcab (Vyvgart)
  - Dose: 10 mg/kg (patients weighing 120 kg or more, the recommended dose is 1200mg)
  - Frequency: once weekly for four weeks (one treatment cycle)
  - Route: Intravenous
- ☐ Select for additional treatment cycles. \_\_\_\_\_ (Indicate number of cycles)
  - Subsequent cycles may require additional insurance authorization.
  - Treatment cycles will be given 50 days from the start of the previous treatment cycle.
- ☒ Dilute with 0.9% Sodium Chloride Injection, USP prior to administration
- ☒ Administer as an intravenous infusion over one hour via a 0.2 micron in-line filter
- ☒ Monitor patients during administration and for one hour thereafter for clinical signs and symptoms of hypersensitivity reactions  
Order will expire one year from date signed)

Administer subsequent treatment cycles based on clinical evaluation; the safety of initiating subsequent cycles sooner than 50 days from the start of the previous treatment cycle has not been established.

Provider Name (Print)	Provider Signature	Date
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<b>FAX NUMBERS</b>	<input type="checkbox"/> CONNECTICUT: 860-955-1532	<input type="checkbox"/> INDIANAPOLIS: 844-983-2028	<input type="checkbox"/> NORTH CENTRAL FL: 352-756-4191	<input type="checkbox"/> RALEIGH: 919-287-2551
<input type="checkbox"/> AUSTIN: 512-772-2824	<input type="checkbox"/> DAYTONA: 386-259-6096	<input type="checkbox"/> JACKSONVILLE: 904-212-2338	<input type="checkbox"/> NORTH JERSEY: 551-227-2823	<input type="checkbox"/> SAN ANTONIO: 726-238-9950
<input type="checkbox"/> BAY AREA: 844-889-0275	<input type="checkbox"/> DELAWARE: 302-596-8553	<input type="checkbox"/> KANSAS CITY: 844-900-1292	<input type="checkbox"/> NORTHWEST AR: 888-615-1445	<input type="checkbox"/> SARASOTA: 941-870-6550
<input type="checkbox"/> CHARLOTTE: 336-663-0143	<input type="checkbox"/> EAST TN: 615-425-7427	<input type="checkbox"/> LAKELAND: 863-316-3910	<input type="checkbox"/> ORLANDO: 844-946-0867	<input type="checkbox"/> SOUTH JERSEY: 856-519-5309
<input type="checkbox"/> CHICAGO: 312-253-7244	<input type="checkbox"/> FT. LAUDERDALE: 754-946-2052	<input type="checkbox"/> LITTLE ROCK: 501-451-5644	<input type="checkbox"/> PALM BEACH: 561-768-9044	<input type="checkbox"/> SOUTHWEST FL: 813-283-9144
<input type="checkbox"/> CINCINNATI: 844-946-0868	<input type="checkbox"/> HARRISBURG: 844-859-4235	<input type="checkbox"/> MIAMI: 786-744-5687	<input type="checkbox"/> PHILADELPHIA: 844-820-9641	<input type="checkbox"/> TAMPA: 844-946-0849
<input type="checkbox"/> COLUMBUS: 844-627-2675	<input type="checkbox"/> HOUSTON: 832-631-9595	<input type="checkbox"/> MIDDLE TN: 888-615-1445	<input type="checkbox"/> PIEDMONT TRIAD: 336-790-2200	<input type="checkbox"/> WEST TN: 888-615-1445