

Efgartigimod alfa-fcab (Vyvgart)

Provider Order Form rev. 3/25/2022



PATIENT INFORMATION

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD 10-Description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	
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 (version 09.07.2021)

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 (total of four infusions)
 - 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 1 hour thereafter for clinical signs and symptoms of hypersensitivity reactions
- Order is valid for 4 total infusions
(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

FAX NUMBERS Fax this form, insurance card (both sides), demographics, recent H&P, labs, and supporting clinicals to:	<input type="checkbox"/> BAY AREA: 844-889-0275	<input type="checkbox"/> DAYTONA: 386-259-6096	<input type="checkbox"/> KANSAS CITY: 844-900-1292	<input type="checkbox"/> SOUTHWEST FL: 813-283-9144
	<input type="checkbox"/> CHARLOTTE: 336-663-0143	<input type="checkbox"/> HARRISBURG: 844-859-4235	<input type="checkbox"/> ORLANDO: 844-946-0867	<input type="checkbox"/> TAMPA: 844-946-0849
	<input type="checkbox"/> CINCINNATI: 844-946-0868	<input type="checkbox"/> HARTFORD: 860-955-1532	<input type="checkbox"/> PALM BEACH: 561-768-9044	<input type="checkbox"/> WEST TN/AR: 888-615-1445
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	<input type="checkbox"/> COLUMBUS: 844-627-2675	<input type="checkbox"/> JACKSONVILLE: 904-212-2338	<input type="checkbox"/> SARASOTA: 941-870-6550	<input type="checkbox"/> EAST TN: 615-425-7427