

Efgartigimod alfa-fcab (Vyvgart)



Provider Order Form rev. 10/12/2022

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 (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

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| <input type="checkbox"/> BAY AREA: 844-889-0275 | <input type="checkbox"/> CHICAGO: 312-253-7244 | <input type="checkbox"/> COLUMBUS: 844-627-2675 | <input type="checkbox"/> DAYTONA: 386-259-6096 | <input type="checkbox"/> CINCINNATI: 844-946-0868 | <input type="checkbox"/> FT. LAUDERDALE: 754-946-2052 | <input type="checkbox"/> HARRISBURG: 844-859-4235 | <input type="checkbox"/> INDIANAPOLIS: 844-983-2028 | <input type="checkbox"/> JACKSONVILLE: 904-212-2338 | <input type="checkbox"/> KANSAS CITY: 844-900-1292 | <input type="checkbox"/> ORLANDO: 844-946-0867 | <input type="checkbox"/> PALM BEACH: 561-768-9044 | <input type="checkbox"/> PHILADELPHIA: 844-820-9641 | <input type="checkbox"/> RALEIGH: 919-287-2551 | <input type="checkbox"/> SARASOTA: 941-870-6550 | <input type="checkbox"/> SOUTHWEST FL: 813-283-9144 | <input type="checkbox"/> TAMPA: 844-946-0849 | <input type="checkbox"/> WEST TN/AR: 888-615-1445 | <input type="checkbox"/> MIDDLE TN: 888-615-1445 | <input type="checkbox"/> EAST TN: 615-425-7427 |
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