



Specialty Infusion Apothecary & Wellness Spa

INFUSION ORDERS - VYVGART™ (efgartigimod alfa-fcab)

PATIENT INFORMATION		
Name:	DOB:	Dosing Wt: _____ **Max dosing weight will be 120kg
Allergies:	Date of Referral:	

REFERRAL STATUS		
<input type="checkbox"/> New Referral	<input type="checkbox"/> Dose or Frequency Change	<input type="checkbox"/> Order Renewal

DIAGNOSIS AND ICD 10 CODE	
<input type="checkbox"/> Generalized myasthenia gravis (gMG) anti-acetylcholine receptor (AChR)antibody positive	ICD 10 Code: G70
<input type="checkbox"/> Other: _____	ICD 10 Code: _____

REQUIRED DOCUMENTATION	
<input type="checkbox"/> This signed order form by the provider	<input type="checkbox"/> Clinical/Progress notes supporting primary diagnosis
<input type="checkbox"/> Patient demographics AND insurance information	<input type="checkbox"/> Labs and Tests supporting primary diagnosis
<input type="checkbox"/> _____	
List Tried & Failed Therapies, including duration of treatment:	
1) _____	2) _____

MEDICATION ORDERS					
Medication	Dosing	Calculated Dose	Rate of infusion	Diluent	Schedule
<input type="checkbox"/> VYVGART™ (efgartigimod alfa-cab)	10mg/kg	The staff will calculate dose based on current weight.	Infuse over 1 hour	125ml Ns	*Weekly x 4 weeks
<input type="checkbox"/> VYVGART™ (efgartigimod alfa-cab)		1200 mg For patient's weight greater than 120kg	Infuse over 1 hour	125ml Ns	*Weekly x 4 weeks
*Patient will be monitored per PI for 1 hour post infusion.					
** Subsequent treatment cycles to be at least 50 days from first dose of previous treatment.					

ADDITIONAL ORDERS
<input type="checkbox"/> Order active for 6 months
<input type="checkbox"/> Order active for 1 year
<input type="checkbox"/> Utilize hypersensitivity standards of care
Administration via a 0.2 micron in-line filter

PHYSICIAN INFORMATION		
Prescribing Physician:		
Office Phone:	Office Fax:	Office Email:
Physician Signature:	Date:	

Contact us with questions at: info@siainfusions.com or call (561) 955-7079

Fax completed form and all documentation to (561) 617-5360

All information contained in this form is strictly confidential and will become part of the patient's medical record.