VYVGART®

(efgartigimod alfa-fcab)

Advanced Infusion Care Centers®

PATIENT DEMOGRAPHIC INFORMATION

Patient Name: _____ Phone: _____

Date of Birth: _____ Address: _____

Allergies ☐ See List ☐ NKDA City, State, Zip: _____

Weight: _____ ☐ kg ☐ lbs Height: _____ ☐ in ☐ cm Email: _____

PRIMARY DIAGNOSIS

☐ Myasthenia gravis without (acute) exacerbation (gMG) (G70.00)

☐ Myasthenia gravis with (acute) exacerbation (gMG) (G70.01)

☐ Other: _____

PRESCRIPTION

☐ VYVGART 10 mg/kg IV once weekly for 4 weeks. ***NOT TO EXCEED 1200 mg***

Thereafter, interval between infusion cycles: _____ weeks (1–4)

Total number of 4-week treatment cycles authorized (up to 12): _____

Number of treatment cycles authorized: _____

Has patient received any doses of this medication in the past? ☐ Yes ☐ No

REQUIRED DOCUMENTATION

- Insurance Card
- H&P
- Patient Demographics
- Medication List
- Most recent labs
- EMG Confirming MG
- MG-ADL Assessment
- Tried and Failed therapies (including duration)
- Recent IGG Level (if available)

ANCILLARY ORDERS

ADVERSE REACTION & ANAPHYLAXIS ORDERS

☑ Administer acute infusion and anaphylaxis medications per Advanced Infusion Care Centers' protocol *(See aiscaregroup.com for detailed policy)*

☐ Other: Please fax other adverse reaction orders if checking this box

PRE-MEDICATION ORDERS PROTOCOL

☐ Per infusion center protocol: No recommended standard pre-meds for VYVGART

☐ Provider Prescribed: _____

LINE CARE ORDERS

☑ Start PIV/Access CVC ☑ Flush device per Advanced Infusion Care Centers' protocol *(See aiscaregroup.com for detailed policy)*

☐ Other Flush Orders: Please fax other line care orders if checking this box

LAB ORDERS—PLEASE INCLUDE FREQUENCY

☐ Please list any labs to be drawn by the infusion clinic: _____

PRESCRIBER INFORMATION

Prescriber Name: _____ Phone: _____

NPI: _____ Fax: _____

Office Contact Person: _____ Email: _____

Prescriber Signature: _____ Date: _____

I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.

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