Vyvgart Hytrulo

INFUSION FOR HEALTH

InfusionForHealth.com
Ph: 888-777-1945 | Fax: 805-852-2636

Date: ______________________ Treatment Location: ______________________

PROVIDERS: Please include the following to expedite the order.

Most Recent Office Visit Note, Insurance Info, Medication List, AChR Antibody positive test
Tried and failed: ☐ IVIG ☐ Ultomiris

PATIENT INFORMATION

Patient Name: ______________________

DOB: ______________________

Allergies: ______________________

Weight: ___________ lbs / kg Height: ___________

Diagnosis: ☐ G70.00

Other Dx/ICD10: ______________________

PRESCRIBER INFORMATION

Prescriber's Name: ______________________

Signature: ______________________

NPI: ___________ Date: ___________

Phone: ___________ Fax: ___________

Office Address: ______________________

Contact Person: ______________________

Contact Email: ______________________

PRE-MEDS: NOT USUALLY INDICATED

Center will use Hypersensitivity protocol established by Infusion for Health and P.I

To ensure that a brand name product be dispensed, the prescriber must handwrite "Brand Medically Necessary" on prescription form. If not indicated, Infusion for Health is authorized to administer generic or biosimilar.

VYVGART (EFGARTIGIMOD ALFA-FCAB) IV DOSING

1008 mg/11,200 units SQ
Once weekly for 4 weeks, followed by a 4 week break, x3 cycles

May repeat subsequent cycles every 50 days as clinically appropriate.

Patient can get up to 7 cycles in 1 year.
***If new start, prescriber to evaluate frequency after initial treatment. Will need a new order.**

Lab Orders: ☐ List: ______________________

☐ Prior to first appointment ☐ Other Frequency: ______________________

☐ Please check this box if you **DO NOT** authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

☐ Please check this box if you **DO NOT** authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.