# Vyvgart

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: _____

## 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

**IV Dosage in 125 mL 0.9% Sodium Chloride:**

**Once weekly for 4 weeks, followed by a 4 week break, x3 cycles**

**Total dose:** _____ **mg (10mg/kg)** **Maintenance:** _____

**Maxium Dosage 1200mg**

**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.