

Efgartigimod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo)

REFERRAL STATUS: New Referral Dose or Frequency Change Order Renewal

Infusion Office Preference: _____

PATIENT INFORMATION

| | | |
|--|--------------------|---------|
| Date: | Patient Name: | DOB: |
| <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

| | |
|-----------------------------|--------------------|
| Office Contact Name: | Office Email: |
| Prescribing Providers Name: | Provider NPI: |
| Office Address: | City: State: Zip: |
| Office Phone Number: | Office Fax Number: |

DIAGNOSIS AND ICD 10 CODE

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|---|---------------------|
| <input type="checkbox"/> Generalized myasthenia gravis (gMG) anti-acetylcholine receptor(AChR)antibody positive | ICD 10 Code: G70.00 |
| <input type="checkbox"/> Chronic inflammatory demyelinating polyneuritis (CIDP) | ICD 10 Code: G61.81 |
| <input type="checkbox"/> Other: _____ | ICD 10 Code: _____ |

REQUIRED DOCUMENTATION/Testing

| | |
|--|---|
| <input type="checkbox"/> This signed order form by the provider | <input type="checkbox"/> anti-acetylcholine receptor (AChR) antibody result |
| <input type="checkbox"/> Patient demographics AND insurance info | |
| <input type="checkbox"/> Clinical/Progress notes supporting primary dx | |

List Tried & Failed Therapies 1) _____ 2) _____

MEDICATION ORDERS

1,008 mg efgartigimod alfa and 11,200 units hyaluronidase SQ weekly x 4 weeks (1 cycle)

Refills*: Select for additional treatment cycles. _____ (Indicate number of cycles)
 *(if not indicated order will only be utilized x1 cycle)
 Subsequent treatment cycles to be at least 50 days from first dose of previous treatment

SPECIAL INSTRUCTIONS

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Provider Name (Print) Physician Signature: Date:

Fax referral to 866-507-1164 or email to bionurses@metroinfusioncenter.com

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