

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

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

REQUIRED DOCUMENTATION/Testing

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

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

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.