HEARTLAND INFUSION

Fax to Heartland (1.865.862.4556)
Questions? Call (1.865.862.4557)

Vyvgart Order Form

Please fax completed form with patient demographics, front and back of insurance card(s), recent lab results, and recent office visit notes supporting diagnosis to 865.862.4556.

Type of Referral: ☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal

Location: ☐ Jackson ☐ Knoxville ☐ Morristown ☐ Kingsport

PATIENT INFORMATION

First Name: _____ Last Name: _____ DOB: _____ Gender: (**check one**) ☐ M ☐ F

Home Phone: _____ Mobile Phone: _____

Email: _____ Last 4 of SS#: _____

Allergies: _____ Height: _____ Weight: _____

ICD-10 Diagnosis Code(s): _____ Date of Diagnosis: _____

Confirm patient is anti-AChr antibody positive: ☐ Yes

Myasthenia Gravis Foundation of America classification (Class I-V): _____ Myasthenia Gravis Activities of Daily Living Score (if known): _____

TB Test (**circle one**): Skin Quantiferon Chest X-ray Result: _____ Date: _____

THERAPY ORDERS

☐ Administer Vyvgart (efgartigimod alfa-fcab) 10 mg/kg IV once weekly for 4 weeks (*Max dose = 1200mg)
*If a dose is missed, administer as soon as possible within 3 days, then resume on usual infusion date

☐ Administer _____ additional treatment cycles (start no sooner than 50 days from start of previous cycle

☐ Prescriber to evaluate treatment cycle after completion of initial treatment cycle

☐ Nursing per Heartland Nursing Procedures (include reaction management)

PRE-MEDICATION

☐ **No routine pre-medications required**

☐ Tylenol (acetaminophen) _____mg PO

☐ Zyrtec (cetirizine) 10mg PO

☐ Solu-Medrol (methylprednisolone) IV ☐ 40 mg, ☐ 125 mg, ☐ other _____mg

☐ Claritin (loratadine) 10mg PO

☐ Benadryl (diphenhydramine) _____mg ☐ PO ☐ IV

☐ Other: _____

LABORATORY ORDERS

☐ No Labs ordered at this time ☐ Other: _____

PRESCRIBER'S INFORMATION

Prescriber Name: _____

License #: _____ NPI: _____ DEA: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Contact: _____

Office Phone: _____ Office Fax: _____

Prescriber's Signature: _____