

## VYVGART & VYVGART HYTRULO (efgartigimod alfa) Orders

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ☐ M ☐ F

☐ NKDA Allergies: \_\_\_\_\_

☐ New Start therapy ☐ Continuation of Therapy Date of last dose (if applicable): \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Practice Phone: \_\_\_\_\_ Practice Fax: \_\_\_\_\_

### Diagnosis (please provide ICD-10 code):

☐ G70.00 Myasthenia gravis w/o exacerbation ☐ G70.01 Myasthenia gravis w/ exacerbation

#### Pre-Medication:

☐ Tylenol 1000mg PO ☐ Solu-Medrol 125mg IVP  
☐ Cetirizine 10mg PO ☐ Solu-Cortef 100mg IVP  
☐ Diphenhydramine 25mg PO ☐ Diphenhydramine 25mg IVP  
☐ Other: \_\_\_\_\_

#### Required Documents:

☒ Patient Demographic Sheet  
☒ Clinical/Progress notes, labs, tests supporting primary diagnosis (*please attach*)  
☒ Anti-AChR antibody results & date  
☒ MGFA Clinical Classification Class, MG-ADL score & documented tried & failed therapies

### ☐ VYVGART IV Infusion: 10 mg/kg

Pt. weight: \_\_\_\_\_  
(ensure unit of measure is noted)

☒ Dilute dose in 0.9% sodium chloride for a total volume of 125mL, administer IV with 0.2 filter over 1 hour

Cycle Frequency: ☐ 4 - weekly infusions, followed by 4-week break period for 3 cycles  
(*manuf. recommended for initial cycles*)

☐ 4 - weekly infusions, followed by \_\_\_\_\_ week break period for \_\_\_\_\_ cycles

### ☐ VYVGART HYTRULO SQ Injection: 1,008mg SQ

Cycle Frequency: ☐ 4 - weekly injections, followed by 4-week break period for 3 cycles  
(*manuf. recommended for initial cycles*)

☐ 4 - weekly injections, followed by \_\_\_\_\_ week break period for \_\_\_\_\_ cycles

Refills: \_\_\_\_\_ (*if not indicated, Rx will expire one year from date signed*)

### Red River Health Standing Orders:

☒ Provide treatment under Red River Health's Biologic Therapy Policy and Adverse Reaction Management Protocol. *\*Copy can be provided per request.*

Ordering Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_