

Boca Raton
9980 Central Park Blvd
Suite 202, N
Boca Raton, FL 33428



Efgartigimod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo)

Provider Order Form

Date: _____

PATIENT INFORMATION

Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	

REFERRAL STATUS

New Referral Referral Renewal Medication/Order Change Benefits Verification Only Discontinuation Order

PHYSICIAN INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:
Ordering Provider:	Provider NPI:
Referring Practice Name:	Phone: _____ Fax: _____
Practice Address:	City: _____ State: _____ Zip Code: _____

SPECIAL INSTRUCTIONS

THERAPY ADMINISTRATION

- efgartigimod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo)
- Dose: 1,008mg efgartigimod alfa and 11,200 units hyaluronidase
 - Frequency: once weekly for four weeks (one treatment cycle)
 - Route: Subcutaneous over approximately 30 to 90 seconds
- Select for additional treatment cycles. _____ (Indicate number of cycles)
- Subsequent cycles may require additional insurance authorization
 - Treatment cycles will be given 50 days from the start of the previous treatment cycle.
- Administer subcutaneously with a winged infusion set.
- Monitor patients during administration and for 30 minutes after administration for clinical signs and symptoms of hypersensitivity reactions. (Order will expire one year from date signed)

NOTES/ADDITIONAL COMMENTS:

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____