

Efgartigimod alfa-fcab (Vyvgart)

Provider Order Form rev. 3/1/2023



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PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
<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

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

NURSING

- Provide nursing care per 360 Infusion Center Nursing Procedures, including reaction management and post-procedure observation

SPECIAL INSTRUCTIONS

THERAPY ADMINISTRATION

- efgartigimod alfa-fcab** (Vyvgart)
 - Dose: 10 mg/kg (patients weighing 120 kg or more, the recommended dose is 1200mg)
 - Frequency: once weekly for four weeks (total of four infusions)
 - Dilute with 0.9% Sodium Chloride Injection, USP prior to administration
 - Administer as an intravenous infusion over one hour via a 0.2 micron in-line filter
- Monitor patients during administration and for 1 hour thereafter for clinical signs and symptoms of hypersensitivity reactions
- Order is valid for 4 total infusions
(Order will expire one year from date signed)

Administer subsequent treatment cycles based on clinical evaluation; the safety of initiating subsequent cycles sooner than 50 days from the start of the previous treatment cycle has not been established.

Provider Name
(Print)

Provider Signature

Date