PREMIER INFUSION CENTER

📜 Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) Injection Order Form

📞 405-442-7577 📠 405-442-7223
📧 orders@premierinfusioncenter.com

👤 Patient Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Phone:** _____ **Email:** _____
- **Address:** _____
- **Weight:** _____ kg **Height:** _____ cm/in
- **Allergies:** ☐ NKDA ☐ _____
- **Treatment Status:** ☐ New ☐ Continued **Last Treatment Date:** ____ / ____ / ____

🔹 Diagnosis (ICD-10 Selection)

☐ G70.00 – Myasthenia gravis without acute exacerbation
☐ G70.01 – Myasthenia gravis with acute exacerbation
☐ G61.81 – Chronic inflammatory demyelinating polyneuropathy (CIDP)
☐ Other: _____ **ICD-10 Code:** _____

🔹 Injection Order

- **Dose:**
  ☐ 1008 mg / 11,200 units subcutaneous injection once weekly × 4 weeks (gMG cycle)
  ☐ 1008 mg / 11,200 units subcutaneous injection once weekly (CIDP continuous)
- **Injection Duration:** Administer via SC push over 30–90 seconds
- **Cycle Repeat:**
  ☐ Repeat cycle every ____ weeks (≥50 days from start of previous cycle)
  ☐ Do not repeat
- **Observation:** ☐ 30 minutes post-injection
- **Refills:** ☐ None ☐ 12 months ☐ Other: _____

🔹 Premedication (Optional)

☐ Acetaminophen: ☐ 650 mg ☐ PO
☐ Diphenhydramine: ☐ 25 mg ☐ PO ☐ IV
☐ Methylprednisolone: ☐ 40 mg ☐ IV
☐ Hydrocortisone: ☐ 100 mg ☐ IV
☐ Other: _____ **Dose:** _____ **Route:** _____

🔹 Laboratory Monitoring

☐ CBC ☐ CMP ☐ CRP ☐ ESR
☐ Anti-AChR antibody ☐ MG-ADL score ☐ Rankin Scale (CIDP)
☐ Other: _____
Frequency: ☐ Prior to first dose ☐ Each cycle ☐ Monthly ☐ Other: _____
☐ Physician office will order labs only

🔹 Clinical Documentation Checklist

☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list
☐ Positive anti-AChR antibody (gMG) or CIDP diagnostic testing (EMG, LP, biopsy)
☐ MGFA classification (Class II–IV) ☐ MG-ADL score ≥5
☐ Documentation of prior therapies or intolerance

🔹 Ordering Provider & Demographics

- **Name:** _____
- **NPI:** _____ **License #:** _____
- **Contact:** _____ **Phone:** _____ **Fax:** _____
- **Email:** _____
- **Signature:** _____ **Date:** ____ / _____ / _____