PREMIER INFUSION CENTER

📄 Vyvgart (efgartigimod alfa-fcab) IV Infusion 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
☐ Other: _____ **ICD-10 Code:** _____

🔹 Infusion Order

- **Dose:** 10 mg/kg IV once weekly × 4 weeks (1 cycle)
  ☐ Maximum dose: 1200 mg per infusion (for patients ≥120 kg)
- **Dilution:** 0.9% sodium chloride to total volume of 125 mL
- **Infusion Duration:** Over 1 hour using 0.2 micron in-line filter
- **Flush:** With 0.9% sodium chloride post-infusion
- **Observation:** Monitor for 1 hour post-infusion
- **Repeat Cycles:** ☐ Every ____ weeks (≥50 days from start of previous cycle)
- **Refills:** ☐ None ☐ 12 months ☐ Other: _____

🔹 Line Use & Access

☐ Start PIV ☐ Access CVC ☐ Use PICC Line ☐ Flush per standard infusion protocol

🔹 Adverse Reaction & Anaphylaxis Orders

☐ Premier Infusion Center Protocol (premierinfusioncenter.com)
☐ Other – please fax preferred reaction orders to 405-442-7223

🔹 Premedication (Recommended)

☐ Cetirizine: ☐ 10 mg PO
☐ Diphenhydramine: ☐ 25 mg PO ☐ 25 mg IV
☐ Methylprednisolone: ☐ 125 mg IV
☐ Other: _____ **Dose:** _____ **Route:** _____

🔹 Laboratory Monitoring

☐ CBC ☐ CMP ☐ Anti-AChR antibody
☐ MG-ADL score ☐ MGFA classification
☐ Other: _____
Frequency: ☐ Prior to first dose ☐ Each cycle ☐ Other: _____
☐ Physician office will order labs only

🔹 Clinical Documentation Checklist

☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list
☐ Documentation of anti-AChR antibody positivity
☐ MGFA classification (Class II–IV) and MG-ADL score ≥5
☐ History of prior gMG therapies

🔹 Ordering Provider & Demographics

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