Sarah Bush Lincoln

PATIENT INFORMATION

Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS

☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal

INFUSION OFFICE PREFERENCES (Optional)

Preferred Location* ☐ Mattoon ☐ Effingham

*Please Note: Requests will be accommodated based on infusion center availability and are not guaranteed.

Diagnosis and ICD 10 CODE

☐ Generalized myasthenia gravis (gMG) anti-acetylcholine receptor (AChR) antibody positive ICD 10 Code: G70.0

☐ Other: _____ ICD 10 Code: _____

REQUIRED DOCUMENTATION

☐ This signed order form by the provider
☐ Patient demographics AND insurance information
☐ Pregnancy Test (if applicable)
☐ Clinical/Progress notes supporting primary diagnosis
☐ Labs and Tests supporting primary diagnosis
☐ _____

List Tried & Failed Therapies, including duration of treatment:
1) 2)

MEDICATION ORDERS

Dosing Wt for Calculations Ht: Wt (in kg): BMI:

Medication	Dosing	Calculated Dose	Rate of Infusion	Diluent	Schedule
☐ VYVGART (efgartigimod alfa-cab)	10 mg/kg	The staff will calculate dose based on current weight.	Infuse over 1 hour	125ml Ns	*Weekly x 4 weeks
☐ VYVGART (efgartigimod alfa-cab)	1200 mg For patient's weight greater than 120kg		Infuse over 1 hour	125ml Ns	*Weekly x 4 weeks

*Patient will be monitored for 1 hour post infusion.
**Subsequent treatment cycles to be at least 50 days from first dose of previous treatment.

ADDITIONAL ORDERS

☐ Order active for 6 months
☐ Order active for 1 year
☐ Utilize hypersensitivity standards of care
Administration via a 0.2 micron in-line filter

PRESCRIBER INFORMATION

Prescriber name :		
Office Phone:	Office Fax:	Office Email:
Prescriber Signature:		Date: Time:

All information contained in this order form is strictly confidential and will become part of the patient's medical record.

Contact us with questions at:
Fax Completed Form and all documentation to:

☐ MATTOON
1000 Health Center Dr. Suite 204 Mattoon, IL 61938
Ph. 217-258-4150 Fax 217-348-2579

☐ EFFINGHAM
901 Medical Park Dr. Suite 201 Effingham, IL 62401
Ph. 217-342-7500 Fax 217-342-7499

INFUSION ORDERS - VYVGART™ (efgartigimod alfa-fcab)

Clinics Scan to: Physician Orders