

## PATIENT DEMOGRAPHIC INFORMATION

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_  
 Allergies See List NKDA City, State, Zip: \_\_\_\_\_  
 Weight: \_\_\_\_\_ kg lbs Height: \_\_\_\_\_ in cm Email: \_\_\_\_\_

## PRIMARY DIAGNOSIS

Myasthenia gravis without (acute) exacerbation (gMG) (G70.00)

Myasthenia gravis with (acute) exacerbation (gMG) (G70.01)

Other: \_\_\_\_\_

## PRESCRIPTION

### Vyvgart (IV)

Vyvgart 10mg/kg IV once weekly x 4 doses **\*\*NOT TO EXCEED 1200mg\*\***

Please choose frequency of cycles. Check **ONE** below.

One cycle only (Submit new referral for any additional cycles.)

Repeat for \_\_\_\_\_ cycle(s), subsequent cycle(s) to start >50 days from the start of previous cycle

Has patient received any doses of this medication in the past? Yes No

## REQUIRED DOCUMENTATION

- Insurance Card
- Medication List
- EMG Confirming MG
- Tried and Failed therapies (including duration)
- H&P
- Most recent labs
- MG-ADL Assessment
- Recent IGG Level (if available)
- Patient Demographics

## ANCILLARY ORDERS

### ADVERSE REACTION & ANAPHYLAXIS ORDERS

Administer acute infusion and anaphylaxis medications per Advanced Infusion Care Centers' protocol (*See aiscaregroup.com for detailed policy*)

Other: Please fax other reaction orders if checking this box

### PRE-MEDICATION ORDERS PROTOCOL

Per infusion center protocol: No recommended standard pre-meds for Vyvgart

Provider Prescribed: \_\_\_\_\_

### LINE CARE ORDERS

Start PIV/Access CVC Flush device per Advanced Infusion Care Centers' protocol (*See aiscaregroup.com for detailed policy*)

Other Flush Orders: Please fax other line care orders if checking this box

### LAB ORDERS—PLEASE INCLUDE FREQUENCY

Please list any labs to be drawn by the infusion clinic: \_\_\_\_\_

## PRESCRIBER INFORMATION

Prescriber Name: \_\_\_\_\_ Phone: \_\_\_\_\_

NPI: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.*