Vyvgart (efgartigimod alfa-fcab) Infusion Order

Fax to 801.931.2631 or Email to intake@purehealthcare.com

To ensure swift processing of your order, please complete all fields.

PATIENT INFORMATION

Patient Name: ______________________________ DOB: ____________ Phone: _____________

Pt. Sex: _____ Pt. Weight: _____ kg Pt. Height: _____ in Pt. Email (opt): ______________________

Pt. Status: ☐ New Patient ☐ Continuing Therapy Last Infusion Date (if applicable): _______________

DIAGNOSIS DETAILS

☐ Myasthenia Gravis w/out acute exacerbation (ICD-10 Code: G70.00)
☐ Myasthenia Gravis w/acute exacerbation (ICD-10: G70.01)
☐ Other: ____________________________________ ICD-10 code: _________________________

Allergies: ____

ORDER DETAILS FOR VYVGART (EFGARTIGIMOD ALFA-FCAB)

Vyvgart (efgartigimod alfa-fcab)
☐ Patients weighing less than 120kg (264 lbs.) Vyvgart 10mg/kg IV weekly for 4 weeks
☐ Patients weighing 120kg (264 lbs.) or greater Vyvgart 1200mg IV weekly for 4 weeks

Cycle may be repeated based on clinical evaluation.

Refills: ☐ None ☐ Repeat for _____ cycle(s), subsequent cycle(s) to start _____ days from start of previous cycle

Pre-medications:

☐ Acetaminophen 650mg PO
☐ Diphenhydramine 25mg PO or IV
☐ Hydrocortisone 100mg IV
☐ Methylprednisolone 125mg IV
☐ Other Pre-medications: ____________________
____

Infusion Reaction Protocol:

☐ Pure Infusion Reaction Protocol
☐ Other Reaction Protocol (Please send protocol with order)

ANCILLARY ORDERS (opt.)

Lab Orders: ____________________________________ Lab Frequency: ____________________

Additional Orders: ____

PROVIDER INFORMATION

Practice Name: ___________________________ Provider Name: ___________________________

Signature: _____________________________________ Date: ____________ Time: ____________

Contact Person: _________________ Contact Ph: _________________ Email: __________________

NPI #: ____________ Office Ph: ______________________ Office Fax: _______________________

PURE INFUSION SUITES PREFERRED LOCATION

City: ___________________________ State: ____________________

IMPORTANT NOTICE: This fax is intended to be delivered only to the named address and contains material that is confidential, privileged property, or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately and destroy all copies if you have received this document in error.

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REQUIRED DOCUMENTATION FOR EXPEDITED ORDER PROCESSING & INSURANCE APPROVAL

☐ Include completed order, signed by provider (page 1)

☐ Include patient insurance information

☐ Include patient's medication list

☐ Supporting clinical notes (H&P) support primary diagnosis

☐ Has the patient had a documented contraindication/intolerance or failed trial of conventional therapy (i.e., pyridostigmine, immunosuppressants, corticosteroids, or acetylcholinesterase inhibitors)? ☐ Yes ☐ No
If yes, which drug(s)? ____

☐ Has the patient required 2 or more courses of plasmapheresis/plasma exchanges and/or intravenous immune globulin for at least 12 months without symptom control? ☐ Yes ☐ No

☐ Myasthenia Gravis Activities of Daily Living (MG-ADL) Score: _________________

☐ Does patient have a history of abnormal neuromuscular transmission test demonstrated by single-fiber electromyography (SFEMG) or repetitive nerve stimulation? ☐ Yes ☐ No

☐ Does the patient have a history of positive anticholinesterase test? ☐ Yes ☐ No

☐ Include labs and/or test results to support diagnosis

☐ anti-AChR antibodies (required)

☐ If ordering a subsequent treatment cycle, and patient is new to Pure, please indicate the start date of the last completed cycle ___________________

☐ Other medical necessity: ____

Pure Healthcare will provide all necessary documents to the patient's insurance company to confirm eligibility. Our patient-obsessed will inform you if further details are needed. Additionally, we'll discuss financial obligations with the patient and direct them to co-pay assistance options as required.

Please submit BOTH pages & ALL supporting documentation.
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