

Vyvgart

(efgartigimod alfa-fcab)

Infusion Order



249 Danbury Rd. Wilton, CT 06897
 400 Columbus Ave, Valhalla, NY 10595
 127 Washington Ave, North Haven, CT 06473

Ph: 203-883-0038 Fax: 203-724-4838

Patient Name: _____

DOB: ____/____/____ M F

Allergies: _____

Phone: _____

Diagnosis: _____

ICD- 10: _____

Please fax a copy of the following patient information:

- Demographics Recent Progress Note CBC w/ Differential IgG Level AChR Antibody Result

PRE- MEDICATION

- Acetaminophen 1000mg PO
 Diphenhydramine 25mg PO
 Cetirizine 10mg PO
 No Pre-med

- Solu- Medrol 125mg IVP
 Solu- Cortef 100mg IVP
 Diphenhydramine 25mg IVP

Other: _____

VYVGART ORDER

DOSAGE

- 10mg/kg IV *weight-based*
 1,200mg IV *flat-dose (for pts weighing >120kg)*

Patient Weight: _____ lbs / kg

Height: _____ ft _____ in

FREQUENCY

- Every week for 4 weeks

NOTES:

Provider's Name: _____ Signature: _____

NPI: _____ Date: _____ Ph: _____ Fax: _____