



NEW ENGLAND
Cancer Specialists
Infusion Center
Kennebunk · Portsmouth · Scarborough · Topsham
Phone: 207-303-3225 Fax:207-692-2473

Vyvgart (Efgartigimod Alfa and Hyaluronidase) Order Form

Patient Name: _____ DOB: _____
Diagnosis: _____ Diagnosis Code: _____
Height: _____(cm) Actual Weight: _____(kg) Allergies: _____

Vyvgart Hytrulo (Efgartigimod Alfa and Hyaluronidase) dosing (check appropriate box):

Initial Dose:

1,008 mg efgartigimod alfa/11,200 units hyaluronidase SUBQ once weekly for 4 weeks.

Maintenance Dose:

- Maintenance doses may be administered based on clinical evaluation and no sooner than 50 days from the start of the previous cycle

1,008 mg efgartigimod alfa/11,200 units hyaluronidase SUBQ once weekly for 4 weeks.

Orders valid through ____ / ____ / ____

* In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name: _____
Provider Signature: _____ Date: _____
Phone: _____ Fax: _____ Pager: _____