

Vyvgart (Efgartigimod Alfa) IV Order Form J9332

Patient Name: _____ DOB: _____

Diagnosis: _____ Diagnosis Code: _____

Height: _____(cm) Actual Weight: _____(kg) Allergies: _____

Vyvgart (Efgartigimod Alfa) dosing (check appropriate box):

10 mg/kg IV once weekly for 4 weeks.

Subsequent treatment cycles (10mg/kg every 7 days x 4 doses) may be administered no sooner than 50 days from the start of the previous cycle. A repeat treatment cycle will require a new order to be written

Maximum dose

1,200 mg IV according to the prescribing information

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: _____