NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

Vyvgart (Efgartigimod Alfa) IV Order Form J9332

Patient Name | Middle | Last | 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