

Patient Name: _____ DOB: _____ Date of Last Infusion: _____
 Height _____ Weight _____
 Infusion Location: (state and site) _____

Vyvgart® (efgartigimod alfa-fcab) Infusion Orders

Diagnosis-provide ICD-10 code

<input type="checkbox"/> Myasthenia Gravis(with positive anti-acetylcholine receptor antibodies)
<input type="checkbox"/> (ICD-10) _____

Documentation Needed:

Start Date of Last Cycle _____

- (DO NOT begin subsequent treatment cycles sooner than 50 days from the start of the previous cycle)
- A new order will be needed for each cycle
- Must have updated notes showing positive response to Vyvgart and lack of disease progression & toxicity
- MG-ADL score has decreased by 2 points or more from baseline

Nursing Orders:

-Hold infusion for abnormal vital signs or signs/symptoms of active infection

-Recent live vaccine Premedication:

<input type="checkbox"/> Tylenol 500mg PO	<input type="checkbox"/> Loratadine 10mg PO	<input type="checkbox"/> Solu-Medrol 125mg IV	<input type="checkbox"/> Other:
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Dosing:

Vyvgart 10mg/kg _____mg in 100ml NS (total volume 125ml) every week for 4 weeks

Infusion must be completed within 4 hours

Flush IV line and tubing with 10ml NS after infusion

(For patients with weight 120kg or greater, dose is 1200mg per infusion)

- Use a 0.22 micron sterile in-line low protein binding filter
- Monitor patient for 60mins after each infusion
- Monitor vital signs before, with each rate change If a patient develops bronchospasm, angioedema, hypotension, urticaria or other signs of anaphylaxis, initiate Hypersensitivity Reaction Management Protocol to include administration of epinephrine 0.3 mg IM STAT

Additional Orders:

Provider Name (print): _____ Date: _____

Provider Signature: _____ Time: _____