

**PATIENT DEMOGRAPHICS**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  NKDA Weight: \_\_\_\_\_  lbs  kg Height: \_\_\_\_\_  in  cm  
**Patient Status:**  New to Therapy  Dose or Frequency Change  Order Renewal

**INSURANCE INFORMATION: Please attach copy of insurance card (front and back).**

**DIAGNOSIS\***

**\*ICD 10 Code Required**  Myasthenia Gravis without (acute) exacerbation, G70.00  Chronic Inflammatory Demyelinating Polyneuropathy, G61.81  
 Myasthenia Gravis with (acute) exacerbation, G70.01  Other: \_\_\_\_\_, ICD10 \_\_\_\_\_

**INFUSION ORDERS**

MEDICATION	DOSE	DIRECTIONS/DURATION
Vyvgart® (efgartigimod alfa)	<input type="checkbox"/> <120kg: _____ mg (10 mg/kg) <input type="checkbox"/> ≥120kg: 1200 mg	Infuse IV over 60 minutes once weekly x 4 doses <input type="checkbox"/> May repeat above treatment cycle every _____ weeks x 1 year (no sooner than 50 days from the start of the previous treatment cycle) *Observe patient for 1 hour after completion of infusion.
Vyvgart® Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)	<input type="checkbox"/> 5.6 mL (efgartigimod alfa 1,008 mg and hyaluronidase 11,200 units)	<b>For Myasthenia Gravis diagnosis:</b> <input type="checkbox"/> Inject via SC push over 30-90 seconds once weekly x 4 doses <input type="checkbox"/> May repeat above treatment cycle every _____ weeks x 1 year (no sooner than every 50 days from the start of the previous treatment cycle) <b>For CIDP diagnosis:</b> <input type="checkbox"/> Inject via SC push over 30-90 seconds once weekly x 1 year *Observe patient for 30 minutes after completion of injection.

**Is patient currently receiving therapy above from another facility?**

Yes  No

If yes, Facility Name: \_\_\_\_\_

Date of last treatment: \_\_\_\_\_ Date of next treatment: \_\_\_\_\_

**PRE-MEDICATION ORDERS**

No premeds ordered at this time  
 Acetaminophen 650mg PO  Diphenhydramine 25mg PO  
 Methylprednisolone 40mg IVP -OR-  Hydrocortisone 100mg IVP  
 Other: \_\_\_\_\_

**LAB ORDERS**

**Labs to be drawn by:**  Infusion Center  Referring Physician  
 No labs ordered at this time  
 CBC q \_\_\_\_\_  CMP q \_\_\_\_\_  CRP q \_\_\_\_\_  
 ESR q \_\_\_\_\_  LFTs q \_\_\_\_\_  Other: \_\_\_\_\_

**REFERRING PHYSICIAN INFORMATION**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_ TIN: \_\_\_\_\_ Specialty: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Email Where Follow Up Documentation Should Be Sent: \_\_\_\_\_

**REQUIRED CLINICAL DOCUMENTATION**

**Please attach medical records: Initial H&P, current MD progress notes, medication list, and labs/test results to support diagnosis.**

**Clinical Information, select all that apply:**

**For Myasthenia Gravis:**

- The patient is positive for anti-acetylcholine receptor (AChR) antibodies.
- The patient has a Myasthenia Gravis Foundation of America (MGFA) Clinical Classification of Class II to IV disease
- The patient has a baseline MG-Activities of Daily Living (MG-ADL) score of ≥ 5; Score: \_\_\_\_\_

**For CIDP:**

- The patient presents with symmetrical motor and/or sensory dysfunction in 1 or more limbs with absent or diminished deep tendon reflexes for ≥2 months.
- Diagnostic tests (e.g., EMG/NCV, nerve biopsy, LP test) are supportive of CIDP diagnosis.
- The patient has a baseline neurological Rankin Scale score of ≥ 3; Score: \_\_\_\_\_

**LAB AND TEST RESULTS (required)**

**Myasthenia Gravis**

Positive AChR Antibodies lab  
 Baseline MG-ADL Evaluation Form

**CIDP**

EMG/NCV tests  
 Lumbar puncture test  
 Nerve biopsy report

**PRIOR FAILED THERAPIES**

Medication Failed: \_\_\_\_\_ Dates of Treatment: \_\_\_\_\_ Reason for D/C: \_\_\_\_\_  
 Medication Failed: \_\_\_\_\_ Dates of Treatment: \_\_\_\_\_ Reason for D/C: \_\_\_\_\_  
 Medication Failed: \_\_\_\_\_ Dates of Treatment: \_\_\_\_\_ Reason for D/C: \_\_\_\_\_  
 Medication Failed: \_\_\_\_\_ Dates of Treatment: \_\_\_\_\_ Reason for D/C: \_\_\_\_\_