

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Sex:  M  F Ht: \_\_\_\_\_ Wt: \_\_\_\_\_  lbs  kg  
 Primary Language: \_\_\_\_\_ Allergies: \_\_\_\_\_

**<ICD 10 CODE REQUIRED> DIAGNOSIS & CLINICAL INFORMATION**

**ICD 10 Code (PROVIDE COMPLETE CODE, if applicable)**

- G70.0 Myasthenia Gravis (gMG) without acute exacerbation
- G70.01 Myasthenia Gravis (gMG) with acute exacerbation
- G61.81 Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

**REQUIRED:** Demographics & Most Recent: H&P, clinical notes, lab results & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy

**PRESCRIPTION**

**Pre-medications**

- Acetaminophen: 650 mg PO
- Cetirizine 10 mg PO
- Dexamethasone: \_\_\_\_\_ mg IV
- Diphenhydramine: 25 mg PO
- Diphenhydramine: 25 mg IV
- Acetaminophen: \_\_\_\_\_ mg PO
- Famotidine: \_\_\_\_\_ mg IV
- Loratadine 10 mg PO
- Methylprednisolone: \_\_\_\_\_ mg IV
- Ondansetron: 4 mg IV

**Lab Orders**

- CBC w/diff: every \_\_\_\_\_  weeks  month
- CMP: every \_\_\_\_\_  weeks  month
- Other: \_\_\_\_\_

**Vyvgart (efgartigimod alfa-fcb) IV**

- IV: infuse 10 mg/kg every 4 weeks x 1 year for patients with gMG  
**\*\* Max dose 1200 mg for patients weighing 120 kg or greater \*\***

**Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) SELECT ONE**

- SQ: Administer 1008 mg / 11,200 units subcutaneously over 30-90 seconds weekly for CIDP x 1 year
- SQ: Administer 1008 mg / 11,200 units subcutaneously over 30-90 seconds weekly for 4 weeks for patients with gMG

**Adverse Events:** In the event of an adverse reaction occurring at Oregon Specialty Infusion clinic, OSI will utilize their adverse reactions protocol

Is the patient on any other disease modifying therapy?  Yes  No

If yes, please note therapy and last dose: \_\_\_\_\_

**PRESCRIBING INFORMATION**

Prescriber Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ NPI # \_\_\_\_\_ Specialty: \_\_\_\_\_  
 Office phone #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_