



Preferred Clinic Location

- Harbor Health Park Bend Clinic**
2200 Park Bend Drive, Bldg 2, Suite 300, Austin, TX 78758
P: (855) 481-8375
F: (512) 233-2288

Patient Information

Referral Status: New Referral Updated Order Order Renewal

Date: _____ Patient Name: _____ DOB: _____
ICD-10 code (required): _____ ICD-10 description: _____
 NKDA Allergies: _____ Weight (lbs/kg): _____ Height: _____
Patient Status: New to Therapy Continuing Therapy Last Treatment Date: _____ Next Due Date: _____

Provider Information

Referral Coordinator Name: _____ Referral Coordinator Email: _____
Ordering Provider: _____ Provider NPI: _____
Referring Practice Name: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ Zip Code: _____

Supporting Documents/Information (Please provide all of the following)

- Patient insurance information
- Patient medication list
- Please provide supporting clinicals that show the patient is AChR antibody-positive

Orders

NURSING

- Nursing care per [Harbor Health Nursing Procedures](#) and [Harbor Health Adverse Reaction Management Protocol](#).

PRE-MEDICATION

(Administer 30 minutes prior to procedure)

- acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO
 cetirizine (Zyrtec) 10mg PO
 loratadine (Claritin) 10mg PO
 diphenhydramine (Benadryl) 25mg / 50mg PO / IV
 methylprednisolone (Solu-Medrol) 40mg / 125mg IV
 hydrocortisone (Solu-Cortef) 100mg IV
 Other: _____

Dose: _____ Route: _____ Frequency: _____

THERAPY

- Efgartigimod alfa-fcab** (Vyvgart)
- Dose: 10 mg/kg
 < 120kg Dose: _____ mg
 >= 120kg Dose is 1200mg
 - Frequency: once weekly for four weeks (one treatment cycle)
 - Route: Intravenous

- Select for additional treatment cycles. _____
(Indicate number of cycles)

- Subsequent cycles may require additional insurance authorization.
- Treatment cycles will be given 50 days from the start of the previous treatment cycle.

- Administer as an intravenous infusion over one hour via a 0.2 micron in-line filter
 Monitor patients during administration and for one hour thereafter for clinical signs and symptoms of hypersensitivity reactions. (Order will expire one year from date signed)
 After infusion, Flush the entire line with 0.9% Sodium Chloride Injection USP

If a scheduled infusion is missed, VYVGART (efgartigimod alfa) may be administered up to 3 days after the scheduled time point.

**Administer subsequent treatment cycles based on clinical evaluation; the safety of initiating subsequent cycles sooner than 50 days from the start of the previous treatment cycle has not been established.*

Provider Name (Print): _____

Provider Signature: _____

Date: _____