



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: _____