



HERITAGE
BIOLOGICS

Efgartigimod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo) Patient Referral Form

Admissions Fax # 844-878-6917

Admissions Phone # 855-WE-R-RARE (855-937-7273)

Patient Demographics Information

Patient Name		SSN#	DOB
Patient Address			
Primary Phone	Cellular Phone	Work Phone	
Emergency Contact Name, Relationship		Emergency Contact Phone Number	

Additional Documentation Needed

- Copy of insurance cards
- Patient face sheet w/demographics
- History and Physical
- CBC w/diff, BMP, & CMP
- Recent vitals including blood pressure

Patient Insurance Information

Insurance Plan #1		Insurance Plan #2	
Subscriber Name	DOB	Subscriber Name	DOB
Policy Number	Group ID	Policy Number	Group ID

Patient Clinical Information

Gender <input type="checkbox"/> M <input type="checkbox"/> F	Height (inches)	Weight (lbs.)	Allergies (food/drug)
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Statement of Medical Necessity / Primary Diagnosis

ICD10:	Description of diagnosis:
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Medication Information / Prescription and Orders

Medication: Vyvgart Hytrulo	Directions: Infuse subcutaneously per manufacturer guidelines over 30 to 90 seconds.	Quantity/Refills Dispense: #4 doses (one month) + ____ refills <input type="checkbox"/> Other
<input type="checkbox"/> gMG dosing: 1,008 mg/11,200 units SubQ over 30-90 seconds once weekly x4 weeks <input type="checkbox"/> May repeat treatment cycle every _____ days from start of previous treatment cycle <input type="checkbox"/> CIDP dosing: 1,008 mg/11,200 units SubQ over 30-90 seconds once weekly <input type="checkbox"/> Other dosing: _____ mg / _____ units SubQ over 30-90 seconds every _____		

*If subsequent treatment cycles only
Date of last dose: _____ Next dose due: _____

Adverse Reaction Orders

<input type="checkbox"/> Severe reaction (w/breathing problems): CALL 911 and administer EPHINEPHrine 0.3 mg IM.	Quantity/Refills Dispense: quantity #QS PRN refills (unless otherwise noted)
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Prescriber Information

Physician Name		Office Contact	
Practice Address			
NPI#	License #	Practice Phone	
Physician Signature Required - Substitution Permitted		Date	Physician Signature Required - Dispense as Written
			Date

HB-24-86057