

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

## 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

<b>Medication:</b>  Vyvgart Hytrulo	<b>Directions:</b>  Infuse subcutaneously per manufacturer guidelines over 30 to 90 seconds.	<b>Quantity/Refills</b> 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.	<b>Quantity/Refills</b> 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