Rose Pharmacy 10008 Pines Blvd Pembroke Pines, FL 33024 Phone: 954.432.8290 Fax: 844.246.3364



INFUSION ORDERS - VYVGART™ (efgartigimod alfa-fcab)

PATIENT INFORMATION							
Name:		DOB:	DOB:		Dosing Wt:		
					**Max dosing weight will be 120kg		
Allergies:		Date of Ref	erral:				
DEFENDAL CTATUS							
REFERRAL STATUS							
☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal							
DIACNOSIS AND ICD 10 CODE							
DIAGNOSIS AND ICD 10 CODE Congreliand musetheric gravis (gMC) anti-populs helips recently (ACPR) anti-poly positive. ICP 10 Code: C70							
☐ Generalized myasthenia gravis (gMG) anti-acetylcholine receptor (AChR)antibody positive ICD 10 Code: G70 ☐ Other: ICD 10 Code:							
DECLURED DOCUMENTATION							
REQUIRED DOCUMENTATION							
☐ This signed order form by the provider				☐ Clinical/Progress notes supporting primary diagnosis			
☐ Patient demographics A	ce information	nation			agnosis		
List Tried & Failed Therapies, including duration of treatment:							
1) 2)							
MEDICATION ORDERS							
Medication			Calculated Dose		Diluent	Schedule	
				infusion			
¬VYVGART™		The staff will calcula	staff will calculate dose ed on current weight.		er 1 125ml Ns	*Weekly x 4 weeks	
(efgartigimod alfa-cab)	10mg/kg	based on current wei					
¬VYVGART™		1200 mg		Infuse over 1			
(efgartigimod alfa-cab)	Fo	r patient's weight		hour	125ml Ns	*Weekly x 4 weeks	
	eater than 120kg						
*Patient will be monitored per PI for 1 hour post infusion.							
** Subsequent treatment cycles to be at least 50 days from first dose of previous treatment.							
ADDITIONAL ORDERS							
☐ Order active for 6 months							
☐ Order active for 1 year							
☐ Utilize hypersensitivity standards of care							
Administration via a 0.2 micron in-line filter							
DUVCICIANI IN FORMATION							
PHYSICIAN INFORMATION							
Prescribing Physician: Office Phone: Office Fax: Office Email:							
Physician Signature:	Office Tax.			Date:			

Contact us with questions at: info@rosenursing.net or call **954.432.8290**