

Efgartigimod alfa-fcab (Vyvgart)

Provider Order Form rev. 1/26/2026



- Saint Cloud, FL
- Lake Mary-Sanford, FL
- Nashville, TN
- Gallatin, TN

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Date: ICD-10 code Patient Name: DOB:

(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:

NURSING

- Provide nursing care per IVCare Infusion's Procedures, including reaction management and post-procedure observation

THERAPY ADMINISTRATION

- efgartigimod alfa-fcab (Vyvgart)
 - Dose: 10 mg/kg (patients weighing 120 kg or more, the recommended 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 _____ days (Indicate number of days) from the start of the previous treatment cycle.
OR
 - Treatment cycles will be given 50 days from the start of the previous treatment cycle.
- Dilute with 0.9% Sodium Chloride Injection, USP prior to administration
- 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)

SPECIAL INSTRUCTIONS

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

TN

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