

# Vyvgart Hytrulo® (efgartigimod alfa and hyaluronidase-qvfc) Referral Form



**Patient Preferred Clinic** (select one):

## PATIENT INFORMATION

**Referral Status:**

New Referral

Updated Order

Order Renewal

DOB:	Patient Name:	Patient Phone:
Patient Address:	Patient Email:	
NKDA Allergies:	Weight (lbs/kg):	Height:
ICD-10 code (required):	ICD-10 description:	Last Treatment Date:
		Last 4 SSN:

## PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

## NURSING

Infusion to be administered per Vivo protocols.

## LABORATORY ORDERS

CBC At each dose Every \_\_\_\_\_  
CMP At each dose Every \_\_\_\_\_  
CRP At each dose Every \_\_\_\_\_  
OTHER

## PREMEDICATIONS

- 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: \_\_\_\_\_

## VYVGART HYTRULO THERAPY ADMINISTRATION

### GMG

1,008 mg / 11,200 units subcutaneously weekly x 4 weeks

May repeat for \_\_\_\_\_ cycles (scheduled greater than 50 days from start of previous cycle. **\*\*Please provide clinical notes discussing need for recurrent cycles\*\***)

### CIDP

1,008 mg/11,200 units subcutaneously weekly (CIDP indication)

## REQUIRED DOCUMENTATION

Patient Demographics

Insurance Card/Information

Progress Notes Supporting DX

Current Medication List and H&P

Positive AchR antibody test results (gMG)

MG-ADL Score \_\_\_\_\_ (gMG, if available)

MGFA Classification \_\_\_\_\_ (gMG, if available)

\*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions.

Provider Name (Print)

Provider Signature

Date

Email Referrals To: [referrals@vivoinfusion.com](mailto:referrals@vivoinfusion.com) OR Fax Below

Have a Question? Call (720) 902-4111

Colorado: 303-418-4679	Michigan: 833-957-2188	New York: 800-540-1852	Texas: 469-340-0044
Connecticut: 203-724-4838	Minnesota: 763-290-0903	Ohio: 216-400-0674	Virginia: 804-500-5941
Florida: 904-930-4211	Nevada: 702-489-5744	Oklahoma: 918-770-4421	Wisconsin: 414-600-5383
Massachusetts: 800-540-1852	New Jersey: 800-540-1852	Pennsylvania: 215-399-9244	

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