

# McLeod Health

## Efgartigimod Alfa (Vyvgart/Vyvgart Hytrulo) Treatment Plan

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_ Allergies: \_\_\_\_\_

Patient Primary Phone Number: \_\_\_\_\_

### Diagnosis (select one):

- ☐ G70.00 Myasthenia Gravis without acute exacerbation      ☐ G70.01 Myasthenia Gravis with acute exacerbation
- ☐ Other: ICD 10 Code: \_\_\_\_\_ Diagnosis Description: \_\_\_\_\_

### Drug Orders:

- ☐ Efgartigimod Alfa (Vyvgart) (J9332) 10 mg/kg administered via IV route over 1 hour once weekly for 4 weeks (maximum dose: 1200 mg)
- ☐ Efgartigimod Alfa and Hyaluronidase (J9334) 1008 mg/11,200 units via subcutaneous injection over 30-90 seconds once weekly for 4 weeks
- Order Duration: One year unless otherwise specified (Other: \_\_\_\_\_)

### Standing Orders:

- Monitor patient for 30-60 minutes following completion of treatment.
- Infusion Reaction Protocol (CPOE-1396) will be activated if any hypersensitivity reaction occurs, including anaphylaxis. Infusion will be stopped and physician notified.
- Appropriate access and line care orders per health system policy

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pre-Screening Requirements:**

- Positive anti-acetylcholine receptor (AChR) status

**Previous Therapies:**

- For new patient referrals, please send history and physical and most recent physician note with completed plan
- If patient has previously received efgartigimod alfa at another facility, please provide last date received: \_\_\_\_\_
- If patient has previously received another therapy, please provide the name: \_\_\_\_\_ and the last date received: \_\_\_\_\_

**Insurance Information:**

Insurance Plan Name: \_\_\_\_\_

Insurance Identification Number: \_\_\_\_\_

Insurance Customer Service Contact Number: \_\_\_\_\_

**Preferred Treatment Location**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> McLeod Regional Medical Center (Florence) | <input type="checkbox"/> McLeod Health Loris  | <input type="checkbox"/> McLeod Health Cheraw              |
| <input type="checkbox"/> McLeod Health Seacoast (Little River)     | <input type="checkbox"/> McLeod Health Dillon | <input type="checkbox"/> McLeod Health Clarendon (Manning) |

**Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at [medicationaccessteam@mcleodhealth.org](mailto:medicationaccessteam@mcleodhealth.org).**