

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.