

Date: _____

Patient information

Patient name: _____

Patient address: _____

Patient phone number: _____

Member ID: _____

Patient date of birth: _____

Allergies: ☐ No known allergies _____

Current weight: _____ ☐ lbs ☐ kg

Primary diagnosis:

☐ G70.00: Myasthenia gravis without (acute) exacerbation

☐ G70.01: Myasthenia gravis with (acute) exacerbation

☐ G61.81: Chronic inflammatory demyelinating
polyneuritis

☐ Other: _____

Clinical documents (please attach)

History and physical and progress notes within past six months

Venous access: ☐ Peripheral ☐ Port ☐ PICC ☐ SQ

☐ Other: _____

☐ Gravity as tolerated by patient ☐ Pump: _____

Has prescriber initiated prior authorization? ☐ Yes ☐ No

First dose? ☐ Yes ☐ No

Expected date of first/next infusion: _____

Site of care: ☐ Patient's home ☐ Physician's office

☐ Outpatient infusion clinic: _____

Prescriber signature: _____

Date: _____

Prescriber name: _____

Prescriber address: _____

DEA number: _____

NPI number: _____

Prescriber phone number: _____

Prescriber fax number: _____

Supervising prescriber information (if applicable):

Prescriber name: _____

Prescriber address: _____

Prescriber phone number: _____

DEA number: _____

NPI number: _____

Note: If all information is not completed, we cannot process the patient request. We will contact your office for clarification.

You can send this prescription electronically by selecting "CenterWell Specialty Pharmacy" (National Council for Prescription Drug Programs [NCPDP] ID number 3677955) from the list of pharmacies on your e-prescribing tool.

Prescription information

Please check appropriate box.

☐ **Vyvgart®** 400 mg/20 mL single-dose vial

Generalized myasthenia gravis (gMG)

Infuse _____ mg IV once weekly for 4 weeks.

In patients weighing 120 kg or more, the recommended dose is 1,200 mg/infusion.

Administer treatment cycle once weekly for 4 weeks on then _____ weeks off.

We may round to the nearest gram vial size.

☐ **Vyvgart Hytrulo® PFS** 1,000 mg/10,000 units/5 mL

☐ gMG

Inject 1,000 mg/10,000 units SQ once weekly for 4 weeks.

Administer treatment cycle once weekly for 4 weeks on then _____ weeks off.

☐ Chronic inflammatory demyelinating polyneuritis

Inject 1,000 mg/10,000 units SQ once weekly.

☐ **Vyvgart Hytrulo SDV** 1,008 mg/11,200 units/5.6 mL

☐ gMG

Inject 1,008 mg/11,200 units SQ once weekly for 4 weeks.

Administer treatment cycle once weekly for 4 weeks on then _____ weeks off.

☐ Chronic inflammatory demyelinating polyneuritis

Inject 1,008 mg/11,200 units SQ once weekly.

Quantity: 28-day supply **Refill** for one year or _____

Pharmacy to dispense ancillary supplies as needed to establish IV and administer medication, including coordination of home health nursing unless otherwise noted.

Please strike-through items that are not required:

normal saline 10 mL IV flush syringe

Directions: Use as directed to flush line with 10 mL before and after infusion and P.R.N. line care.

heparin 100 unit/mL 5 mL prefilled syringe (central line patients)

Directions: Use as directed to flush line with 5 mL after final saline flush.

sodium chloride 0.9% 150 mL

Directions: Use as directed to further dilute Vyvgart to a total volume of 125 mL.

sodium chloride 0.9% 50 mL

Directions: Use as directed to flush entire line after Vyvgart Infusion.

Premedications (Please strike-through items that are not required.):

☐ *lidocaine/prilocaine cream 2.5%-2.5%* **Quantity:** 30 grams

Refill for one year or _____ **Directions:** Apply topically to needle insertion site 30–60 minutes prior to needle insertion as directed.

Other: _____

Anaphylaxis kit maintained in the patient's home:

diphenhydramine 50 mg/mL injection **Quantity:** One vial **Refills:** 0

Directions: Use as directed via slow IV push as needed for anaphylaxis.

diphenhydramine 25 mg capsules **Quantity:** 10 capsules **Refills:** 0

Directions: Take 25–50 mg PO as needed for anaphylaxis.

epinephrine two-pack 0.3 mg or epinephrine two-pack 0.15 mg (for patients weighing 15–30 kg) **Quantity:** Two-pack **Refills:** 0

Directions: Use as directed IM as needed for anaphylaxis.

Skilled home infusion nursing visit will establish venous access, provide patient education related to therapy and disease state, administer medication as prescribed, and assess general status and response to therapy. The visit frequency is based on prescribed dosage orders.