CenterWell Specialty Pharmacy®

Vyvgart/Vyvgart Hytrulo Prescription Request

E-prescribe: NCPDP ID number 3677955

Fax: 800-345-8534 Phone: 855-264-0104

 $\label{eq:monday-Friday, 8 a.m. - 11 p.m.,} \\ and Saturday, 8 a.m. - 6:30 p.m., Eastern time$

Date:	<u>Prescription information</u>
Patient information	Please check appropriate box.
Patient name:	☐ Vyvgart® 400 mg/20 mL single-dose vial
Patient address:	Generalized myasthenia gravis (gMG)
<u> </u>	Infuse mg IV once weekly for 4 weeks.
Patient phone number:	In patients weighing 120 kg or more, the recommended dose is 1,200 mg/infusion.
Member ID:	Administer treatment cycle once weekly for 4 weeks on then weeks off.
Patient date of birth:	The minimum time between treatment cycles in the clinical study was 50 days from
Allergies: ☐ No known allergies	the 1st dose in the treatment cycle.
	We may round to the nearest gram vial size.
	☐ Vyvgart Hytrulo® PFS 1,000 mg/10,000 units/5 mL
Current weight: lbs lkg	□gMG
Primary diagnosis:	Inject 1,000 mg/10,000 units SQ once weekly for 4 weeks.
☐ G70.00: Myasthenia gravis without (acute) exacerbation	Administer treatment cycle once weekly for 4 weeks on then weeks off.
☐ G70.01: Myasthenia gravis with (acute) exacerbation	The minimum time between treatment cycles in the clinical study was 50 days from
☐ G61.81: Chronic inflammatory demyelinating	the 1st dose in the treatment cycle.
polyneuritis	Chronic inflammatory demyelinating polyneuritis
□ Other:	Inject 1,000 mg/10,00 units SQ once weekly.
Clinical documents (please attach)	☐ Vyvgart Hytrulo SDV 1,008 mg/11,200 units/5.6 mL
History and physical and progress notes within past six months	gMG Inject 1,008 mg/11,200 units 50 anso weakly for 4 weaks
Venous access: ☐ Peripheral ☐ Port ☐ PICC	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.
·	The minimum time between treatment cycles in the clinical study was 50 days from
□ Other:	the 1st dose in the treatment cycle.
☐ Gravity as tolerated by patient ☐ Pump:	☐ Chronic inflammatory demyelinating polyneuritis
Has prescriber initiated prior authorization? ☐ Yes ☐ No	Inject 1,008 mg/11,200 units SQ once weekly.
First dose? ☐ Yes ☐ No	Quantity: 28-day supply Refill for one year or
Expected date of first/next infusion:	Pharmacy to dispense ancillary supplies as needed to establish IV and administer
Site of care: ☐ Patient's home ☐ Physician's office	drug, including coordination of home health nursing unless otherwise noted. Pleas
☐ Outpatient infusion clinic:	strike-through items that are not required:
	normal saline 10 mL IV flush syringe
Prescriber signature:	Directions: Use as directed to flush line with 10 mL before and after infusion and
Date:	P.R.N. line care.
Prescriber name:	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.
Prescriber address:	sodium chloride 0.9% 150 mL
	Directions: Use as directed to further dilute Vyvgart to a total volume of
DEA number:	125 mL.
NPI number:	sodium chloride 0.9% 50 mL
Prescriber phone number:	Directions: Use as directed to flush entire line after Vyvgart Infusion.
Prescriber fax number:	Premedications (Please strike-through items that are not required.):
Companising processibles information (if applicable).	☐ lidocaine/prilocaine cream 2.5%-2.5% Quantity: 30 grams
Supervising prescriber information (if applicable):	Refill for one year or Directions: Apply topically to needle insertion site 30–60
Prescriber name:	minutes prior to needle insertion as directed.
Prescriber address:	Other:
Prescriber phone number:	
DEA number:	Anaphylaxis kit maintained in the patient's home:
NPI number:	diphenhydramine 50 mg/mL injection Quantity: One vial Refills: 0
Note: If all information is not completed, we cannot process	Directions: Use as directed via slow IV push as needed for anaphylaxis.
the patient request. We will contact your office for clarification.	diphenhydramine 25 mg capsules Quantity: 10 capsules Refills: 0
	Directions: Take 25–50 mg PO as needed for anaphylaxis.
You can send this prescription electronically by selecting	epinephrine two-pack 0.3 mg or epinephrine two-pack 0.15 mg (for patients weighing 15–30 kg) Quantity: Two-pack Refills: 0
"CenterWell Specialty Pharmacy" (National Council for	10 Jong/ Quantity. I wo pack nemis. 0

Directions: Use as directed IM as needed for anaphylaxis.

is based on prescribed dosage orders.

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

Prescription Drug Programs [NCPDP] ID number 3677955) from

the list of pharmacies on your e-prescribing tool.