

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

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.

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

- McLeod Regional Medical Center (Florence) McLeod Health Loris McLeod Health Cheraw
 McLeod Health Seacoast (Little River) McLeod Health Dillon 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.