GREATER BOSTON INFUSION CENTER
17/19 Kendrick St, Wrentham, MA 02093
P 774-581-0032 | F 774-581-0033

Vyvgart IV and Vyvgart Hytrulo - Referral Checklist

Referral packet checklist Complete this page and attach the supporting items below.

PATIENT & REFERRING PROVIDER

PATIENT NAME | DOB | DATE

REFERRING PROVIDER | NPI | DIRECT CONTACT / EXT.

OFFICE / PRACTICE | PHONE | FAX

EMAIL | URGENT CLINICAL CONTACT

REQUIRED REFERRAL PACKET

- [ ] Patient demographics and contact information
- [ ] Primary and secondary insurance information; front/back card copies
- [ ] Supporting clinical notes / office visits documenting Vyvgart IV and Vyvgart Hytrulo treatment plan
- [ ] Current medication list and allergies
- [ ] Relevant laboratory results / imaging and baseline safety information
- [ ] Completed Vyvgart IV and Vyvgart Hytrulo prescribing order (following page)

MEDICATION-SPECIFIC CLINICAL DOCUMENTATION

- Note should include any therapies tried/failed, and must include discussion about Vyvgart
- Medication list and allergies
- Required: Positive serologic test for anti-AChR antibodies
- EMG, nerve stimulation studies, positive anticholinesterase test

GBIC INTERNAL USE

REFERRAL RECEIVED | BENEFITS VERIFIED | PA STATUS / THROUGH | SCHEDULED

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Prescribing Order - Vyvgart IV and Vyvgart Hytrulo

☐ New Start ☐ Maintenance DATE OF LAST DOSE / INFUSION

ORDER DETAILS

DATE OF ORDER | PATIENT NAME | DOB | M/F

DIAGNOSIS / ICD-10 ☐ NKDA PATIENT WEIGHT

ALLERGIES

PREMEDICATIONS

☐ Acetaminophen 1000mg PO
☐ Loratadine 10mg or Cetirizine 10mg PO
☐ Diphenhydramine 25mg PO
☐ Diphenhydramine 25mg IV
☐ Solu-medrol 125mg IV
☐ Other

LAB ORDERS

☐

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Prescribing Order - Vyvgart IV and Vyvgart Hytrulo (continued)

VYVGART HYTRULO MEDICATION ORDER

- ☐ Patients < 120kg: Vyvgart 10mg/kg IV weekly x4 weeks PRN
- ☐ Patients >= 120kg: Vyvgart 1200mg IV weekly x4 weeks PRN

Maintenance schedule based on clinical evaluation

- ✓ Dilute Vyvgart in 0.9% Sodium Chloride for total volume of 125ml and administer via 0.22 micron filter over 1 hr
- ☐ Vyvgart Hytrulo 1008mg SQ weekly x4 weeks PRN

Maintenance schedule based on clinical evaluation

- ☐ Vyvgart Hytrulo 1008mg SQ weekly (CIDP Only)
- ✓ Inject Vyvgart Hytrulo 1008mg subcutaneously into abdomen over 30-90 seconds

ADMINISTRATION & MONITORING

- ✓ Do not administer if patient has active signs or symptoms of infection.
- ✓ Monitor patient for 1 hour following IV administration, 30 minutes following SQ administration.
- ✓ In case of infusion/injection reaction, STOP and follow GBIC infusion reaction protocol. Notify physician.
- ✓ Signature Date

PROVIDER AUTHORIZATION

ORDERING PROVIDER NAME | **NPI** | **DATE**

SIGNATURE | **OFFICE PHONE / EXT.**

Handwritten or compliant electronic signature