LAWRENCE COUNTY
Memorial Hospital
DEACONESS ILLINOIS PARTNER

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS

☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal

DIAGNOSIS AND ICDE 10 CODE

☐ Myasthenia Gravis	ICD 10 Code: G70.00
☐ Myasthenia gravis with (acute) exacerbation	ICD 10 Code: G70.01
☐ Myasthenia gravis with myasthenic crisis	ICD 10 Code: G70.02
☐ Other:_____	ICD 10 Code: _____

REQUIRED DOCUMENTATION (referral will not be processed without the required documentation)

☐ The signed order form by the provider	☐ Clinical/Progress notes (must be within 1 year)
☐ Patient demographics AND insurance information	☐ Labs and tests supporting primary diagnosis
☐ Prior authorization with reference number	☐ Acetylcholine Receptor Antibody test results
Pt may be required to submit a pregnancy test prior to treatment	

List of tried and failed therapies, including duration of treatment:
_____

MEDICATION ORDERS

Dosing Wt for Calculation: HT: _____ WT (kg): _____ BMI: _____

Dosing:	☐ J9334 VYVGART Hytrulo 1,008mg and 11,200units/5.6ml SubQ weekly x4 weeks ☐ Repeat Cycle every _____ weeks ☐ Other: _____

Patient will be monitored for 30 min post injection

Duration: ☐ x6 months ☐ x 1 year ☐ _____doses

PREMEDICATION/LABS

☐ Acetaminophen _____mg PO PRN	☐ CBC ☐ prior to each infusion or ☐ Frequency: _____
☐ Benadryl _____mg PO or IV	☐ CMP ☐ prior to each infusion or ☐ Frequency: _____
☐ Methylprednisolone _____ slow IV push	☐ Other: _____ Date:_____
☐ Other: _____	

ADDITIONAL ORDERS/INFORMATION

☐ Winged infusion set specifications: 25G needle, 12-inch tubing

☐ Administration Time: 30-90 seconds per injection

PRESCRIBER INFORMATION

Provider Name:		
Office Phone:	Office Fax:	Office Email:
Prescriber Signature:		Date: Time:

ALL INFORMATION COUNTAINED IN THIS ORDER FORM IS STRICTLY CONFIDENTIAL AND WILL BECOME PART OF THE PATIENTS MEDICAL RECORD.

CONTACT US WITH QUESTIONS AT 618-943-8515
FAX COMPLETED FORM AND ALL DOCUMENTS TO 618-943-7242

INFUSION ORDERS – VYVGART HYTRULO (efgartigimod alfa and hyaluronidase)