

# Efgartigimod alfa-fcab (Vyvgart) Infusion Therapy Plan Orders

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Name: _____
Kaiser Permanente Member I.D. #: _____
Date of Birth: _____

### Instructions to Provider

Review orders and note any changes. All orders with  will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers at the end of this protocol).  
Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

Please complete all the following:

Pre-Service Authorization has been obtained by Kaiser Permanente    Fax: 1-888-282-2685    Voice: 1-800-289-1363

Order Date: _____	Diagnosis ICD-10 code (REQUIRED): _____
Weight: _____ kg	ICD-10 description: _____

### General Plan Communication

Special instructions/notes: \_\_\_\_\_  
\_\_\_\_\_

### Provider Information

Immunization with live-attenuated or live vaccines is not recommend during treatment. Evaluate the need to administer age-appropriate immunizations according to immunization guidelines before initiation of a new treatment cycle.  
 Subsequent treatment cycles should be based on clinical evaluation. The safety of initiating subsequent cycles sooner than 50 days from the start of the previous treatment cycle has not been established.

### Infusion Therapy

**Efgartigimod alfa-fcab in (Vyvgart) in Sodium Chloride 0.9% 125 mL**  
**Dose:**             10 mg/kg     1,200 mg (Weight > 120 kg or more)  
**Route:**            Intravenous  
**Frequency:**      Once Weekly x 4 doses  
**Administer Over:** 60 minutes

### Pre-Meds

No pre-medications necessary. Contact provider if patient has reaction and requires pre-medications for future doses.

Other: \_\_\_\_\_  
**Dose:** \_\_\_\_\_    **Route:** Oral    **Frequency:** Once, 30 minutes prior to efgartigimod alfa-fcab infusion

### IV Line Care

**0.9% sodium chloride infusion 250 mL**  
**Rate:** 20 mL/hr    **Route:** Intravenous    **Frequency:** Run continuously to keep vein open. Start peripheral IV if no central line.

### Infusion Reaction Meds

**albuterol (PROVENTIL) nebulizer solution 0.083%**  
**Dose:** 2.5 mg    **Route:** Nebulization    **Frequency:** PRN for shortness of breath/wheezing

**diphenhydrAMINE (BENADRYL) injectable**  
**Dose:** 25 mg    **Route:** Intravenous    **Frequency:** Once PRN, May repeat x 1 for urticaria, pruritus, shortness of breath. May repeat in 15 minutes if symptoms not resolved.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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<input checked="" type="checkbox"/>	<b>EPINEPHrine (Epi-Pen) 0.3 mg/0.3 mL IM Auto-Injector</b> <i>Dose:</i> 0.3 mg <i>Route:</i> Intramuscular <i>Frequency:</i> Once PRN for anaphylaxis. Inject into lateral thigh and hold for 10 seconds. Massage the injected area. Use for patients weighing greater than 27.3 kg (60 lbs). Use amp and 1.5-inch needle for patients with BMI greater than 30. Notify physician if administered.
<input checked="" type="checkbox"/>	<b>MethylPREDNISolone Sod Succ (PF) Inj 125 mg (SOLU-Medrol PF)</b> <i>Dose:</i> 125 mg <i>Route:</i> Intravenous <i>Frequency:</i> Once PRN for hypersensitivity reaction. Notify MD upon giving medication
<input checked="" type="checkbox"/>	<b>meperidine (DEMEROL) injectable</b> <i>Dose:</i> 25 mg <i>Route:</i> Intravenous <i>Frequency:</i> Once PRN, May repeat x1 for shaking chills or rigors. May repeat in 15 minutes if symptoms not resolved.

**Nursing Orders**

- Pretreatment
- Verify that patient meets the lab parameters for administration.
  - Begin 0.9% saline as primary line to keep vein open.
  - Perform assessment for toxicity and tolerance.
- Administration
- Infuse efgartigimod using an in-line filter.
  - For hypersensitivity: discontinue administration and institute appropriate supportive measures.
  - Monitor patients during administration and for 1 hour thereafter for clinical signs and symptoms of hypersensitivity reactions.
  - After infusion flush the entire line with 0.9% Sodium Chloride Injection.
- Education
- Review discharge medications, instructions, and future appointments.

**References**

VYVGART® (efgartigimod alfa-fcab) Injection, for Intravenous Use Prescribing Information

**Kaiser Permanente Infusion Locations**

<b>Bellevue Medical Center</b> 11511 NE 10th St, Bellevue, WA 98004 Fax: 425-502-3811      Phone: 425-502-3820	<b>Olympia Medical Center</b> 700 Lilly Road N.E., Olympia, WA 98506 Fax: 360-923-7609      Phone: 360-923-7600	<b>Silverdale Medical Center</b> 10452 Silverdale Way NW, Silverdale, WA 98383 Fax: 360-307-7421      Phone: 360-307-7316
<b>Capitol Hill Medical Center</b> 201 16th Ave E, Seattle WA 98112 Fax: 206-326-3624      Phone: 206-326-3180	<b>Riverfront Medical Center</b> W 322 North River Drive, Spokane, WA 99201 Fax: 509-434-3184      Phone: 509-324-6464	<b>Tacoma Medical Center</b> 209 Martin Luther King Jr Way, Tacoma, WA 98405 Fax: 253-596-3351      Phone: 253-596-3350
<b>Everett Medical Center</b> 2930 Maple St, Everett, WA 98201 Fax: 425-261-1578      Phone: 425-261-1566		

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_