MHS Home/Alternate Site Infusion Services Efgartigimod alfa-fcab (Vyvgart) Infusion Order Set ALL ORDERS MUST BE SIGNED AND DATED BY PRESCRIBING PROVIDER **Patient Name:** DOB: / Weight: __ __ lb/kg Patient Phone Number: (____ Requested Date of Service: _ **Patient Allergies:** ICD - 10 Code: Diagnosis: Z45.2: Encounter for adjustment and management of vascular access device Z95.828: Presence of other vascular implants and grafts Baseline labs required: Date: ____/___ Result: ___ CBC Additional Requirements: In addition to order, please include H&P with documentation to support diagnosis. Must include ICD-10 Code(s) and supporting labs. ** Emergency phone number for provider ______ (required) ** Provider Order for Efgartigimod alfa-fcab (Vyvgart) Infusion ORDERS WITH CHECK When an order is optional (those with check boxes), providers are responsible for indicating a check mark in the box next to the order. Orders left unchecked will not be initiated. **BOXES** Medication: Efgartigimod alfa-fcab (Vyvgart) in sodium chloride 0.9% (NS), total volume 125 mL. Weight _____ kg For patients less than 120 kg: Efgartigimod alfa-fcab (Vyvgart) 10 mg/kg = ____ For patients 120 kg or greater: Efgartigimod alfa-fcab (Vyvgart) 1200 mg IV Frequency: Once weekly for 4 weeks □ Other: _ Infuse over 60 minutes via ambulatory infusion pump using a 0.2 micron filter. Additional Medications for vascular access maintenance: 0.9% NaCl (NS) PF flush in 10 mL syringe: Administer 5 – 30 mL IV as needed for establishing and maintaining IV access and for flushing IV line post infusion. 0.9% NaCl (NS) 50 mL bag: Infuse 30 mL IV post infusion. Heparin: 100 units/mL for port OR 10 units/mL for other central line/midline, 3-5 mL PRN for de-accessing line. Cathflo (alteplase) 2 mg: Instill 2 mg (2 mL) into occluded catheter as needed for CVC/CVAD occlusion. Skilled Nurse to draw labs as follows: Lab(s)_ Frequency: ___ **Skilled Nurse Interventions:** Admit (first visit) patient to services for home/alternate site infusion therapy of Efgartigimod alfa-fcab (Vyvgart). Complete Skilled Nurse visit with each infusion for ongoing home/alternate site infusion therapy of Efgartigimod alfa-fcab (Vyvgart). Obtain vital signs (TPR & B/P) at baseline, completion of infusion, and 60 minutes post-infusion. Obtain patient weight at each visit. Establish IV access and flush per policy to maintain patency. Draw labs as ordered. Withdraw appropriate dose of Efgartigimod alfa-fcab (Vyvgart) (concentration before dilution = 20 mg/mL). Add Efgartiaimod alfa-fcab (Vvvaart) to sodium chloride 0.9% (NS) for a final volume of 125 mL. Infuse Efgartigimod alfa-fcab (Vyvgart) as prescribed. Once infusion complete, flush entire IV line with sodium chloride 0.9% (NS) as prescribed. If vital signs are stable after infusion and any observation period, Skilled Nurse will discontinue IV access and complete visit. **CONTINUED ON NEXT PAGE** FOR MHS HOME/ALTERNATE SITE INFUSION SERVICES USE ONLY Patient Identification: Pre-printed order – Page 1 of 2 Name: Efgartigimod alfa-fcab (Vyvgart) MRN: MultiCare DOB:

If Hypersensitivity Reaction Develops (fever, chills, hypotension, rigors, itching, rash, etc.): The Skilled Nurse will: STOP THE INFUSION. Administer emergency medications as prescribed (below). Contact Emergency Medical Services (EMS/911) if indicated. Increase vital sign monitoring to every 5 minutes. Contact provider via emergency phone number for additional instructions. Notify MHS Home/Alternate Site Infusion Pharmacist AND Nurse Supervisor Emergency Medications: To be administered by skilled nurse as needed for hypersensitivity reactions. Diphenhydramine 50 mg/mL solution: Inject 0.5 mL (25 mg) into the vein via slow IV push over at least 2 minutes as needed for rash, itching, hives, flushing of skin, and/or mild-to-moderate hypersensitivity reaction. May give IM if no IV access is available. Methylprednisolone sodium succinate (SOLU-MEDROL) 125 mg/2 mL solution: Inject 2 mL (125 mg) into the vein as a slow IV push over at least 3 minutes once, as needed for hives, flushing of the skin, shortness of breath, chest tightness, tachycardia (HR>140 bpm), and/or moderate-to-severe hypersensitivity reaction. May give IM if no IV access is available. EPINEPHrine (Adrenalin) 1 mg/mL solution: Inject 0.3 mL (0.3 mg) intramuscular every 5-15 minutes as needed (maximum 3 doses) for severe allergic reaction or anaphylaxis AND call 911 and provider. Acetaminophen (Tylenol) 325 mg tab: Take 2 tablets (650 mg) by mouth as needed for fever (PRN for temperature > 101F/38.3C) and/or mild-to-moderate hypersensitivity reaction. 0.9% NaCl (NS) solution: Infuse 500 mL into the vein via gravity as needed at a rate needed to maintain IV access. Oxygen: Initiate oxygen by RN PRN chest pain or dyspnea to keep SpO2>90%. For 1-6 LPM, use NC. For 6-10 LPM, use simple mask. Code Status: Please note, patients will be considered FULL Code unless marked otherwise. If the patient has a POLST, advance directive or living will, please include a copy with the orders. Was consent obtained: ☐ Yes ☐ No (if yes, please send DOCUMENTATION of consent with order) I certify that this patient is safe and appropriate to receive therapy from Home Infusion Services. ____ Printed Name: ___ Provider Signature: Date: _____ Orders expire in 12 months unless otherwise specified: ___ NPI: __ Provider/Clinic Information: Return completed orders to:

FOR MHS HOME/ALTERNATE SITE INFUSION SERVICES USE ONLY

 Patient Identification:
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 Name:
 Efagrtigimod

MRN: Mul

_____ Fax#: ____

Address: ___

Pre-printed order – Page 2 of 2 Efgartigimod alfa-fcab (Vyvgart) MultiCare

MultiCare Home/Alternate Infusion Services

253-459-6650 (phone) / 253-864-2785 (fax)

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