## 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:** Diagnosis: ICD - 10 Code: 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 Lab Orders: \_\_ 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 \_\_\_ Provider Order for Efgartigimod alfa-fcab (Vyvgart) Infusion When an order is optional (those with check boxes), providers are responsible for indicating a ORDERS WITH CHECK **BOXES** check mark in the box next to the order. Orders left unchecked will not be initiated. Medication: Efgartigimod alfa-fcab (Vyvgart) in sodium chloride 0.9% (NS), total volume 125 mL once weekly for 4 weeks. Infuse over 60 minutes via ambulatory infusion pump using a 0.2 micron filter. Weight \_\_ ☐ For patients less than 120 kg: Efgartigimod alfa-fcab (Vyvgart) 10 mg/kg = \_\_\_\_\_ mg For patients 120 kg or greater: Efgartigimod alfa-fcab (Vyvgart) 1200 mg IV \*Subsequent cycles may be administered based on clinical evaluation and no sooner than 50 days from the start of the previous treatment cycle. 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. Diphenhydramine 25 mg IV once, as needed for itching. Acetaminophen 325-650 mg tab/cap by mouth once, as needed for pain. **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 alfafcab (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. **CONTINUED ON NEXT PAGE** FOR MHS HOME/ALTERNATE SITE INFUSION SERVICES USE ONLY Patient Identification: Pre-printed order – Page 1 of 2 Efgartigimod alfa-fcab (Vyvgart) Name: MRN: MultiCare DOB:

## **Skilled Nurse Interventions:**

- Withdraw appropriate dose of Efgartigimod alfa-fcab (Vyvgart) (concentration before dilution = 20 mg/mL).
- Add Efgartigimod alfa-fcab (Vyvgart) 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 60 minute observation period, Skilled Nurse will discontinue IV access and complete visit.

## If Hypersensitivity Reaction Develops (fever, chills, hypotension, rigors, itching, rash, etc.):

The Skilled Nurse will:

- STOP THE INFUSION.
- Administer emergency medications as prescribed (below).
- For mild infusion reaction, may restart the infusion at a slower rate (verified with pharmacist) if symptoms resolve with medication.
- 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. Max dose = 50 mg.
- 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)		
Provider Signature: Printed	Printed Name:	
NPI: Orders expire in 12 months unless otherwise specified:		
Provider/Clinic Information:	Return completed orders to:	
Address:	MultiCare Home/Alternate Site Infusion Services 253-459-6650 (phone) / 253-864-2785 (fax)	
Phone #: Fax#:		
FOR MHS HOME/ALTERNATE SITE INFUSION SERVICES USE ONLY		
Patient Identification: Name: MRN: DOB:	Pre-printed order – Page 2 of 2 Efgartigimod alfa-fcab (Vyvgart) MultiCare	Revised 10/24