

INFUSION SUITE		VYVGART HYTRULO INFUSION ORDER		
Durango Infusion Center 270 E 8th Ave Ste N101 Durango, CO 81301      Phone: 970-828-3500    Fax: 970-828-3501				
PATIENT INFORMATION - If Outside Referral, Include Patient Demographics and Insurance Cards				
Name:			DOB:	
MEDICAL INFORMATION				
ICD10 / Diagnosis:			Height:	
Allergies / Hypersensitivities:			Weight (kg):	
			*Weigh patient at each visit	
REQUIRED CLINICAL DOCUMENTATION				
<input type="checkbox"/> For Myasthenia Gravis patients: Anti- AChR antibody and Mg-ADL score				
Additional labs:				
<input type="checkbox"/> Insert subcutaneous access with winged infusion set				
PREMEDICATIONS      30 minutes prior to starting				
<input type="checkbox"/> Acetaminophen:	<input type="checkbox"/> 325mg PO X1	<input type="checkbox"/> 500mg PO X1	<input type="checkbox"/> 650mg PO X1	<input type="checkbox"/> 1000mg PO X1
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IV X1	<input type="checkbox"/> 25mg PO X1	<input type="checkbox"/> 50mg IV X1	<input type="checkbox"/> 50mg PO X1
<input type="checkbox"/> Solumedrol:	<input type="checkbox"/> 40mg IV X1	<input type="checkbox"/> 100mg IV X1	<input type="checkbox"/> 125mg IV X1	
<input type="checkbox"/> Antihistamine	<input type="checkbox"/> Cetirizine 10mg PO X1		<input type="checkbox"/> Loratadine 10mg PO X1	
<input type="checkbox"/> Additional PRN:				
VYVGART HYTRULO ORDERS				
<input type="checkbox"/> gMG: Vyvgart Hytrulo 1,008 mg and hyaluronidase 11,200 units - 5.6 ml SQ infusion over 30 to 90 seconds weekly X 4 weeks				
<input type="checkbox"/> CIDP: Vyvgart Hytrulo 1,008 mg and hyaluronidase 11,200 units - 5.6 ml SQ infusion over 30 to 90 seconds weekly X _____				
POST INFUSION				
<input type="checkbox"/> Discharge home after 30 minute observation				
<input type="checkbox"/> Discharge home without observation				
Signature:		Date:		
Provider Name/Credentials: <input type="checkbox"/>		Provider Phone:		
Provider Name/Credentials: <input type="checkbox"/>		Provider Name/Credentials: <input type="checkbox"/>		
Provider Name/Credentials: <input type="checkbox"/>		Provider Name/Credentials: <input type="checkbox"/>		
Provider Name/Credentials: <input type="checkbox"/>		Provider Name/Credentials: <input type="checkbox"/>		

\*No Live Vaccines

Infusion Directions:

**DO NOT ADMINISTER INTRAVENOUSLY.**

- Take the vial out of the refrigerator at least 15 minutes before injecting to allow it to reach room temperature.
- Withdraw the entire content of the vial (including overfill) using a polypropylene syringe and an 18G stainless steel transfer needle.
- Remove large air bubbles if present.
- Fill the tubing of the winged infusion set by gently pressing the syringe plunger until the plunger is at 5.6 mL.
- There should be solution at the end of the winged infusion set needle.
- Choose an injection site on the abdomen (at least 2 to 3 inches away from the navel)
- Inject subcutaneously into a pinched skin area at an angle of about 45 degrees over 30 to 90 seconds. Rotate injection sites.
- \*For subsequent MG infusions:** Patient needs to be re-evaluated. Cannot be started sooner than 50 days from previous cycle