Oregon Health & Science University Hospital and Clinics Provider's Orders

PO9031

ADULT AMBULATORY INFUSION ORDER

Efgartigimod-Hyaluronidase-qvfc (VYVGART HYTRULO) for Chronic Inflammatory Demyelinating Polyneuropathy

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Treatment Start Date: _____ Allergies: _____

Weight: _____kg Height: _____cm

REQUIRED ITEMS for all orders – necessary for insurance approval, scheduling, and patient safety

1. **FACE SHEET with complete INSURANCE information and patient CONTACT information**
2. **Recent VISIT NOTE to support treatment (if not available in Epic)**
3. **LAB RESULTS for any required prescreening (if not available in Epic)**
4. **DIAGNOSIS CODE _____**
5. **Patient NAME and DATE OF BIRTH on EVERY page faxed**

GUIDELINES FOR ORDERING

1. Send **FACE SHEET and H&P or most recent chart note.**
2. Patients should be up to date with all immunizations before initiating therapy. Avoid the use of live vaccines in patients during treatment
3. Efgartigimod Alfa-fcab may increase the risk of infection. Delay treatment in patients with an active infection until the infection is resolved. Monitor for infection during treatment and consider withholding treatment if infection develops.
4. Do **NOT** substitute efgartigimod alfa/hyaluronidase (for SUBQ use) and efgartigimod alfa (for IV administration); products have different dosing and are **NOT** interchangeable

NURSING ORDERS:

1. TREATMENT PARAMETER - Hold infusion and contact provider if patient has signs or symptoms of infection.
2. Subcutaneous injection: Monitor patient for signs and symptoms of hypersensitivity reactions during infusion and for 30 minutes following completion of injection.
3. Administer using 12-inch tubing, PVC winged set. Choose an injection site on abdomen a minimum of 2 to 3 inches from the naval, avoiding areas with moles or scars, or where skin is red, bruised or hard. Rotate injection sites for subsequent injections. Administer over a period of 30 to 90 seconds.

MEDICATIONS:

- ❑ Efgartigimod-hyaluronidase-qvfc (VYVGART HYTRULO) subcutaneous injection, 1008 mg, subcutaneous, ONCE WEEKLY

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HYPERSENSITIVITY MEDICATIONS:

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (Policy HC-PAT-133-GUD, HMC C-132). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. diphenhydrAMINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x1 dose for hypersensitivity or infusion reaction.
3. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x1 dose for hypersensitivity or infusion reaction.
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction.
5. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x1 dose for hypersensitivity or infusion reaction.

By signing below, I represent the following:

- I am responsible for the care of the patient identified on this form
- I hold an active, unrestricted license to practice medicine
- I am acting within my scope of practice and authorized by law to order the medication described above for the patient identified on this form

ALL ITEMS BELOW MUST BE COMPLETED TO BE A VALID PRESCRIPTION

Signature: _____ **License #:** _____ **Date:** _____

Print Name: _____ **Phone:** _____ **Fax**:_____

Plan will expire 1 year after signature date at which time a new order will need to be placed

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OHSU Infusion Locations

Contact the Referral Team directly for assistance at the centralized numbers below (do not contact individual clinics

INFUSION REFERRAL TEAM

Fax completed orders to (503) 346-8058
Phone (providers only)
(971) 262-9645

Infusion orders located at:
www.ohsuknight.com/infusionorders

☑ **Please indicate the patient's preferred clinic location below**

☐ **BEAVERTON** OHSU Knight Cancer Institute	15700 SW Greystone Court Beaverton OR 97006
☐ **NW PORTLAND** Legacy Good Samaritan campus	Medical Office Building 3 – Suite 150 1130 NW 22nd Ave, Portland OR 97210
☐ **GRESHAM** Legacy Mount Hood campus	Medical Office Building 3 – Suite 140 24988 SE Stark, Gresham OR 97030
☐ **TUALATIN** Legacy Meridian Park campus	Medical Office Building 2 – Suite 140 19260 SW 65th Ave, Tualatin OR 97062
☐ **Community providers only (no Legacy)** **EAST PORTLAND** Adventist Health Portland campus	Pavilion – 10000 SE Main St – Suite 350 Portland, Oregon 97216

Referral team will consider other locations as appropriate (e.g. selected site not available, urgent treatment, patient preference)

OHSU Partner Infusion Locations

☑ **Please indicate the patient's preferred clinic location below**
Not all therapies are offered at every site, contact site for more information

☐ **Community providers only (no Legacy)** **HILLSBORO MEDICAL CENTER** **Fax completed orders to (503) 681-4120**	364 SE 8th Ave – Medical Plaza Suite 108B Hillsboro, OR 97123 Phone (providers only) (503) 681-4124
☐ **Community providers only (no Legacy)** **ADVENTIST HEALTH – PORTLAND** **Fax completed orders to (503) 261-6756**	Infusion Services – 10123 SE Market St Portland, OR 97216 Phone (providers only) (503) 261-6631