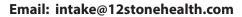
## **TwelveStone Health Partners**

Fax Referral To: (615) 278-3355

Direct Phone: (844) 893-0012





VYVGART ORDER FORM						
Date:		ICD-10 Code:		Therapy Status		
Patient Name:		_ Allergies:		☐ New Start		
Date of Birth:				kg Continuing Therapy: Last Dose:		
PROVIDER INFORMATION						
Ordering Provider:			Provider Fax:	Provider Fax:		
Provider NPI:			Provider Address:_	Provider Address:		
Provider Ph						
MEDICATION ORDER						
Vyvgart	✓ Vyvgart 10mg/kg IV of cycle). Subsequent to clinical evaluation.  I authorize accycle will be scheduled 5 cycle, unless otherwise streatment should be base	rdered based on ent. Each subseq le previous treatn	Please include the following lab results required for infusion. If no results are available, the following labs will be drawn prior to first infusion:  previous treatment			
PRE-MEDICATIONS						
Oral         □ Acetaminophen:325mg500mg650mg         □ Loratadine: 10mg         □ Cetirizine: 10mg         □ Diphenhydramine:25mg50mg         □ Famotidine:20mg40mg         □ Ibuprofen:200mg400mg600mg         □ Ondansetron:4mg8mg         □ Other:			□ Diphenhyo □ Famotidin □ Methylpre □ Hydrocort □ Ondanset	□ Dexamethasone:4mg8mg □ Diphenhydramine:25mg50mg □ Famotidine:20mg40mg □ Methylprednisolone: 125mg		
LAB ORDERS (please indicate any labs to be drawn and frequency)			OTHER REQUIRED DOCUMENTATION			
**Surveillance lab ordering and monitoring is the responsibility of the prescriber**  By signing below, I certify that the above therapy is medi By signing this form, I am authorizing TwelveStone Health Partners and affiliates to serve as m to payors with respect to this patient and prescription order. This enrollmer  Dispense as Written:			to 800-223-406         History & Phy         Patient Demo         Medication Lis         Recent Lab W         MGADL Score         Might be redically necessary.         In y designated agent in the neut form shall serve as	y designated agent in submitting prior authorizations and other clinically required information		
Prescriber Sign	nature	Date	Prescriber Sigr	nature	 	