

The Quick Start Prescription Form can be submitted after a patient has been enrolled in My VYVGART Path or submitted with the [My VYVGART Path Enrollment Form](#). Fax the completed form to MY VYVGART Path at **1-833-MY-V-PATH (1-833-698-7284)**.

If the patient requires additional prescriptions, please include a standard prescription form with the submission, or submit one electronically to our pharmacy. For questions, please call **1-833-VYVGART (1-833-898-4278)**.

*Indicates required field.

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PREScription INFORMATION

*Patient First Name:		*Patient Middle Initial:	
*Patient Last Name:		*DOB (MM/DD/YYYY):	
*Place of Administration/Ship to: <div><input type="checkbox"/> Prescriber's office</div> <div><input type="checkbox"/> Patient's home</div>			
*Primary Diagnosis ICD-10 Code: <div><input type="checkbox"/> G70.00 (Myasthenia gravis without acute exacerbation)</div> <div><input type="checkbox"/> G61.81 (Chronic Inflammatory Demyelinating Polyneuropathy)</div> <div><input type="checkbox"/> G70.01 (Myasthenia gravis with acute exacerbation)</div> <div><input type="checkbox"/> Other</div>			
*New to VYVGART or VYVGART Hytrulo: <div><input type="checkbox"/> Yes: Quick Start</div> <div><input type="checkbox"/> No: Temporary Product (to prevent interruption of treatment)</div>			

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***GENERALIZED MYASTHENIA GRAVIS (gMG)**

VYVGART Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) for subcutaneous injection

VYVGART Hytrulo is a fixed dose per injection.

Dosing	Vial 1,008 mg efgartigimod alfa and 11,200 units hyaluronidase per 5.6 mL (180 mg/2,000 units per mL) in a single-dose vial Dispense quantity of 1 treatment cycle (1 treatment cycle = 4 once-weekly injections) Number of Refills (Treatment Cycles) Authorized is 1 refill (1 treatment cycle = 4 once-weekly injections) Up to 1 additional treatment cycle allowed
Directions	Administer subcutaneously over approximately 30 to 90 seconds once weekly for 4 weeks (1 treatment cycle = 4 once-weekly injections) with 4 weeks between treatment cycles. ➡ Additional Instruction:

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***CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY (CIDP)**

VYVGART Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) for subcutaneous injection

VYVGART Hytrulo is a fixed dose per injection.

Dosing	Vial 1,008 mg efgartigimod alfa and 11,200 units hyaluronidase per 5.6 mL (180 mg/2,000 units per mL) in a single-dose vial Dispense quantity of 4 (Dispensed as single-dose vials) Provide up to 2 refills for Quick Start
Directions	Administer subcutaneously over approximately 30 to 90 seconds once weekly. ➡ Additional Instruction:

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*PREscriber INFORMATION

*Prescriber Name (First, Middle, Last):			
*NPI #:		*State License #:	
*Practice Address:		*City:	*State:
*Office Phone #:		*Zip:	
*Office Fax #:			

PREScriber AUTHORIZATION AND ATTESTATION

The VYVGART Hytrulo Quick Start and Temporary Product Program supplies medication to eligible commercial patients with a confirmed coverage delay of > 15 days or a risk of interruption in treatment. Eligible Quick Start patients must be starting VYVGART Hytrulo for the first time. argenx reserves the right to rescind, revoke, or amend the program without notice at any time. I understand that the medication provided is complimentary and the no claim may be made to any patient or third-party (e.g. Medicare, Medicaid...) for payment for VYVGART Hytrulo provided under the Quick Start and Temporary Product Program and that such product cannot be sold, traded, or returned for credit.
When home location is selected, a Health Care provider is to administer VYVGART Hytrulo subcutaneously. My signature on this form indicates this as an order for injection services by a specialty pharmacy-associated provider.

*Prescriber Signature:

*Date (MM/DD/YYYY):