HealthQuest
Infusion & Specialty

1311 W Sam Houston Pkwy N Ste 100, Houston, TX 77043
T (832) 500-3727 **F** (832) 500-8629

RYSTIGGO (ROZANOLIXIZUMAB-NOLI) ORDER SET

LAST TREATMENT DATE: ___________ NEXT DUE DATE: ___________

☐ New Referral ☐ Updated Order ☐ Order Renewal

Please fax completed form along with copy of patient's insurance cards and any labs to **(832) 500-8629**

Patient Name ____________________
Patient Address ____________________
City ____________ State ________ Zip ________
Day Phone ____________ Work Phone # ____________
Cell Phone ____________________
Date of Birth ____________ ☐ Male ☐ Female
E-mail ____________________

Prescriber's Name ____________________
Practice Name ____________________
NPI # ____________ Office Contact ____________
E-mail ____________________
Address ____________________ Suite # ________
City ____________ State ________ Zip ________
Phone ____________ Fax ____________

DIAGNOSIS

Patient: Wt.__________ Ht.__________

Allergies: ☐ Latex ☐ Other, specify ____________________

ICD-10 DIAGNOSIS CODE

☐ Myasthenia Gravis w/out acute exacerbation (ICD-10 Code: G70.00)
☐ Myasthenia Gravis w/acute exacerbation (ICD-10: G70.01)
☐ Other: ____________________ (ICD-10: ____________________)

REQUIRED DOCUMENTATION

☐ Patient demographics
☐ Insurance card/information
☐ Progress Notes supporting DX
☐ Medication list and H&P
☐ MG-ADL Score __________
☐ MGFA Classification
______________ (if available)
☐ Positive AchR or MuSK antibodies test result
☐ Letter of medical necessity if drug dosing or indication is outside of FDA Guidelines

THERAPY ORDER

Rystiggo

☐ Patients weighing less than 50kg (110 lbs.) Rystiggo 420mg subQ weekly for 6 weeks
☐ Patients weighing 50kg to <100kg (220 lbs.) Rystiggo 560mg subQ weekly for 6 weeks
☐ Patients weighing ≥100kg (220 lbs.) Rystiggo 840mg subQ weekly for 6 weeks

Cycle may be repeated based on clinical evaluation.

Refills: ☐ None ☐ Repeat for _______ cycle(s), subsequent cycle(s) to start ≥63 days from start of previous cycle

Refill for: ☐ 6 months ☐ 1 year ☐ Other: ____________________

Pre-medication orders: to be administered 15–30 minutes before infusion

☐ Acetaminophen 500mg PO
☐ Solu-Medrol ________ mg IVP
☐ Loratadine 10mg PO
☐ Normal Saline 500mL IV
☐ Diphenhydramine 25mg PO
☐ Diphenhydramine 25mg IV
☐ Cetirizine 10mg PO
☐ Quzyttir 10mg IVP
☐ Other: ____________________

Lab orders: ☐ CBC ☐ CMP ☐ CRP ☐ Other: ____________________

Lab frequency: ☐ Each infusion ☐ Other: ____________________

Required labs to be drawn by: ☐ Infusion Center ☐ Referring Provider

Anaphylactic Reaction Orders:

- Epinephrine (based on patient weight)
  - >30kg (>66lbs): Epinephrine 0.3mg IM or subQ; may repeat in 5–10 minutes x1
  - 15–30kg (33–66lbs): Epinephrine 0.15mg IM or subQ; may repeat in 5–10 minutes x1
- Diphenhydramine: Administer 25–50mg IV (adult) • NS 0.9% 500mL IV bolus as needed (adult)
- Refer to physician order or institutional protocol for pediatric dosing and infusion reaction management

Flush orders: NS 1–10mL pre/post infusion PRN and Heparin 10U/mL or 100U/mL per protocol as indicated PRN

I authorize HealthQuest Infusion & Specialty and its representatives to initiate and execute any insurance prior authorization process for this prescription and any future fills of the same prescription for the patient listed above as well as selecting the preferred site of care for the patient. I understand that I can revoke this designation at any time by providing written notice to HealthQuest Infusion & Specialty.

PRESCRIBER'S SIGNATURE (Signature required. No stamps.) ____________________ **DATE** __________

IMPORTANT NOTICE: This facsimile is intended to be delivered to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee.