

1311 W Sam Houston Pkwy N Ste 100, Houston, TX 77043
T (832) 500-3727 **F** (832) 500-8629 **E** specialty@hqrx.com

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

- | | |
|---|--|
| <input type="checkbox"/> Patient demographics | <input type="checkbox"/> Positive AchR or MuSK antibodies test result |
| <input type="checkbox"/> Insurance card/information | <input type="checkbox"/> Letter of medical necessity if drug dosing or indication is outside of FDA Guidelines |
| <input type="checkbox"/> Progress Notes supporting DX | |
| <input type="checkbox"/> Medication list and H&P | |
| <input type="checkbox"/> MG-ADL Score _____ | |
| <input type="checkbox"/> MGFA Classification _____ (if available) | |

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Acetaminophen 500mg PO | <input type="checkbox"/> Normal Saline 500mL IV | <input type="checkbox"/> Cetirizine 10mg PO |
| <input type="checkbox"/> Solu-Medrol _____ mg IVP | <input type="checkbox"/> Diphenhydramine 25mg PO | <input type="checkbox"/> Quzyttir 10mg IVP |
| <input type="checkbox"/> Loratadine 10mg PO | <input type="checkbox"/> Diphenhydramine 25mg IV | <input type="checkbox"/> 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.