Rystiggo (Rozanolixizumab-noli)

Infusion Order Form – Page 1 of 1

Preferred Clinic Location

☐ **Harbor Health Park Bend Clinic**
2200 Park Bend Drive, Bldg 2, Suite 300, Austin, TX 78758
P: (855) 481-8375
F: (512) 233-2288

Patient Information

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: Patient Name: DOB:

ICD-10 code (required): ICD-10 description:

☐ NKDA Allergies: Weight (lbs/kg): Height:

Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: Next Due Date:

Provider Information

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

Supporting Documents/Information (Please provide all of the following)

- Patient insurance information
- Patient medication list
- Supporting clinical notes (H&P) to support primary diagnosis:
  - Patient has generalized myasthenia gravis (gMG
  - Patient is anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody positive

Orders

NURSING

☑ Nursing care per Harbor Health Nursing Procedures and Harbor Health Adverse Reaction Management Protocol.

PRE-MEDICATION

(Administer 30 minutes prior to procedure)

☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO
☐ cetirizine (Zyrtec) 10mg PO
☐ loratadine (Claritin) 10mg PO
☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV
☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV
☐ hydrocortisone (Solu-Cortef) ☐ 100mg IV
☐ Other: _____

Dose: _____ Route: _____ Frequency: _____

THERAPY

☐ **Rozanolixizumab-noli** (Rystiggo)

• Dose
  ☐ Less than 50kg: 420mg
  ☐ 50kg to less than 100kg: 560mg
  ☐ 100kg and above: 840mg

☐ Frequency: once weekly for six weeks (one treatment cycle)
  ☐ Repeat cycle every 28 days from the last dose for 6 total cycles for one full year
  ☐ Repeat cycle every 28 days from the last dose for _____ total cycles
  ☐ Other _____

• Route: subcutaneous infusion
  ☐ Select for additional treatment cycles.
  _____ (Indicate number of cycles)
  • Subsequent cycles may require additional insurance authorization.
  • Treatment cycles will be given 63 days from the start of the previous treatment cycle.

☑ Administer as a subcutaneous infusion. Infuse at 20ml/hr
☑ Monitor patients during administration and for 15 minutes after completion for clinical signs and symptoms of hypersensitivity reactions. Order will expire one year from date signed.

Subsequent cycles to be administered no sooner than 63 days from start of previous treatment cycle.

Provider Name (Print): Provider Signature: Date:

Harbor Health