

# McLeod Health

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## Rozanolixizumab-noli (Rystiggo) Treatment Plan

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_ Allergies: \_\_\_\_\_

### Diagnosis (select one):

- G70.00 Myasthenia Gravis without acute exacerbation       G70.01 Myasthenia Gravis with acute exacerbation
- Other: ICD 10 Code: \_\_\_\_\_ Diagnosis Description: \_\_\_\_\_

### Drug Orders:

- Rozanolixizumab (Rystiggo) (J9333) administered via subcutaneous infusion at 20 ml/hr once weekly
- Dose:       Weight < 50 kg: 420 mg (3 mL)  
                  Weight 50 kg-100 kg: 560 mg (4 mL)  
                  Weight > 100 kg: 840 mg (6 mL)
- Order Duration: Six weeks unless otherwise specified (Other: \_\_\_\_\_)

### Standing Orders:

- Monitor patient for 15 minutes following completion of infusion. No flushing of infusion line following infusion completion.
- Infusion Reaction Protocol (CPOE-1396) will be activated if any hypersensitivity reaction occurs, including anaphylaxis. Infusion will be stopped and physician notified.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Approved:

**Pre-Screening Requirements:**

- Positive anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody

**Previous Therapies:**

- For new patient referrals, please send history and physical and most recent physician note with completed plan
- If patient has previously received Rystiggo at another facility, please provide last date received: \_\_\_\_\_
- If patient has previously received another therapy, please provide the name: \_\_\_\_\_ and the last date received: \_\_\_\_\_

**Insurance/Authorization Information:**

Insurance Type: \_\_\_\_\_

Insurance Authorization Reference Number: \_\_\_\_\_

Date Obtained: \_\_\_\_\_ Authorization Valid Until: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

Fax completed Treatment Plan with authorization information to McLeod Infusion Services at the number below or call with any questions.

Florence: 843-777-6001 (Fax)

843-777-6195 (Phone)

Approved: