McLeod Health

Rozanolixizumab-noli (Rystiggo) Treatment Plan

Patient Name: _____ DOB: _____

Height (cm): _____ Weight (kg): _____ Allergies: _____

Patient Primary Phone Number: _____

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:** _____

Pre-Screening Requirements:

● Positive anti-acetylcholine receptor (AChR) or anti-muscle-specific tyroskine 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 Information:

Insurance Plan Name: _____

Insurance Identification Number: _____

Insurance Customer Service Contact Number: _____

Preferred Treatment Location

☐ McLeod Regional Medical Center (Florence) ☐ McLeod Health Loris ☐ McLeod Health Cheraw

☐ McLeod Health Seacoast (Little River) ☐ McLeod Health Dillon ☐ McLeod Health Clarendon (Manning)

Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at medicationaccessteam@mcleodhealth.org.