FUSIONDRIP
HYDRATION & WELLNESS

Rystiggo (rozanolixizumab-noli) Subcutaneous Infusion Order Form

Phone: 614-407-1621 Fax: 614-413-3877
orders@fusiondriphydration.com

Patient Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Phone:** _____ **Email:** _____
- **Address:** _____
- **Weight:** _____ kg **Height:** _____ cm/in
- **Allergies:** ☐ NKDA ☐ _____
- **Treatment Status:** ☐ New ☐ Continued **Last Treatment Date:** ____ / ____ / ____

Diagnosis (ICD-10 Selection)

☐ G70.00 – Myasthenia gravis without acute exacerbation
☐ G70.01 – Myasthenia gravis with acute exacerbation
☐ Other: _____ **ICD-10 Code:** _____

Infusion Order

- **Dose by Weight:**
  ☐ < 50kg: 420 mg (3ml)
  ☐ 50–< 100 kg: 560 mg (4ml)
  ☐ ≥100 kg: 840 mg (6 mL)
- **Route:** Subcutaneous infusion via syringe pump
- **Rate:** 20 mL/hr
- **Frequency:** Once weekly × 6 doses (1 cycle)
- ☐ Additional cycles: Every ____ weeks × ____ cycles (minimum 63 days between cycles)
- ☐ Observation: 15 minutes post-infusion
- ☐ Refills: ☐ None ☐ 6 months ☐ 12 months ☐ Other: _____

Line Use & Access

☐ Start PIV ☐ Access CVC ☐ Use PICC Line ☐ Flush per standard protocol

Adverse Reaction & Anaphylaxis Orders

☐ Fusiondrip Hydration & Wellness Center Protocol (fusiondriphydration.com)

☐ Other – please fax preferred reaction orders to 614-413-3877

☐ **Premedication (Optional)**
☐ Acetaminophen: ☐ 650 mg ☐ PO
☐ Diphenhydramine: ☐ 25 mg ☐ PO ☐ IV
☐ Methylprednisolone: ☐ 40 mg ☐ 125 mg ☐ IV
☐ Hydrocortisone: ☐ 100 mg ☐ IV
☐ Famotidine: ☐ 20 mg ☐ IV
☐ Other: _____ **Dose:** _____ **Route:** _____

Laboratory Monitoring

☐ CBC ☐ CMP ☐ CRP ☐ ESR ☐ LFTs
☐ Anti-AChR antibody ☐ Anti-MuSK antibody ☐ MG-ADL score
☐ Other: _____
Frequency: ☐ Prior to first dose ☐ Weekly ☐ Other: _____
☐ Physician office will order labs only

Clinical Documentation Checklist

☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list
☐ MGFA classification (Class II–IV) ☐ MG-ADL score ≥5
☐ Documentation of prior failed therapies

Ordering Provider & Demographics

- **Name:** _____
- **NPI:** _____ **License #:** _____
- **Contact:** _____ **Phone:** _____ **Fax:** _____
- **Email:** _____
- **Signature:** _____ **Date:** ____ / _____ / _____