

## PATIENT DEMOGRAPHIC INFORMATION

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Allergies See List NKDA City, State, Zip: \_\_\_\_\_

Weight: \_\_\_\_\_ kg lbs Height: \_\_\_\_\_ in cm Email: \_\_\_\_\_

## PRIMARY DIAGNOSIS

Myasthenia gravis without (acute) exacerbation (G70.00)

Myasthenia gravis with (acute) exacerbation (G70.01)

Other: \_\_\_\_\_

## PRESCRIPTION

### Dosing

Weight <50kg: Rystiggo 420mg subQ infusion once weekly for 6 weeks

Weight 50kg to 99kg: Rystiggo 560mg subQ infusion once weekly for 6 weeks

Weight ≥100kg: Rystiggo 840mg subQ once infusion weekly for 6 weeks

Other: \_\_\_\_\_

### Frequency

One cycle only. (Provider to submit a new referral when due for following cycle)

Repeat cycle every 28 days from last dose for 6 total cycles for one full year.

Repeat cycle every 28 days from last dose for \_\_\_\_\_ total cycles

Other: \_\_\_\_\_

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

Has patient received any doses of this medication in the past? Yes No

## REQUIRED DOCUMENTATION

- Insurance Card
- Patient Demographics
- EMG confirming MG
- Tried/Failed Therapies
- H&P
- Medication List
- MG-ADL Assessment

## ANCILLARY ORDERS

### ADVERSE REACTION & ANAPHYLAXIS ORDERS

Administer acute infusion and anaphylaxis medications per Advanced Infusion Care Centers' protocol (See [aiscargroup.com](http://aiscargroup.com) for detailed policy)

Other: Please fax other reaction orders if checking this box

### PRE-MEDICATION ORDERS PROTOCOL

Per infusion center protocol: No recommended pre-medications for this infusion.

Provider Prescribed: \_\_\_\_\_

### LAB ORDERS—PLEASE INCLUDE FREQUENCY

Please list any labs to be drawn by the infusion clinic: \_\_\_\_\_

## PRESCRIBER INFORMATION

Prescriber Name: \_\_\_\_\_ Phone: \_\_\_\_\_

NPI: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.