**Connecticut** 500 W Putnam Ave Ste 435 Greenwich, CT 06830





Provider \_

| Rozanolixizumab-noli (Rystiggo)  | Date:  |
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| 1 TOVIGET OTGET TOTTI  |  |
| PATIENT INFORMATION  |  |
| Name:  | DOB: SEX: M $\square$ F $\square$  |
| ICD-10 code (required):  | ICD-10 description:  |
| □NKDA Allergies:   | Weight lbs/kg:   |
| REFERRAL STATUS  |  |
| □ New Referral □ Referral Renewal □ Medication/Order Change □ Benefits Verification Only □ Discontinuation Order |  |
| PHYSICIAN INFORMATION  |  |
| Referral Coordinator Name:   | Referral Coordinator Email:  |
| Ordering Provider:   | Provider NPI:  |
| Referring Practice Name:   | Phone: Fax:  |
| Practice Address:  | City: State: Zip Code:   |
| SPECIAL INSTRUCTIONS   | THERAPY ADMINISTRATION   |
|  | ☑ Rozanolixizumab-noli (Rystiggo) in 0.9% sodium chloride  |
|  | <ul> <li>Dose: Less than 50kg: 420mg</li> <li>50kg to less than 100kg: 560mg</li> <li>100kg and above: 840mg</li> <li>Frequency: once weekly for six weeks (one treatment cycle)</li> <li>Route: subcutaneous infusion</li> <li>Select for additional treatment cycles.         <ul> <li>(Indicate number of cycles)</li> </ul> </li> <li>Subsequent cycles may require additional insurance authorization.</li> <li>Treatment cycles will be given 63 days from the start of the previous treatment cycle.</li> <li>Administer as a subcutaneous infusion.</li> <li>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.</li> </ul> |
| NOTES/ADDITIONAL COMMENTS:  ORDERING PROVIDER  |  |
| Signature <b>X</b>   | Date   |

Phone Fax \_