

Email to: orders@alliedinfusion.com Fax to: 832-698-3961

Rystiggo (rozanolixizumab-noli) Order

Phone: 713-222-2364 or 1-888-538-0060

Fax: 832-698-3961

Name:	Patient Information	Prescriber Information	
Myasthenia Gravis without (acute) exacerbation Myasthenia Gravis with (acute) exacerbation Other: Nursing Orders: Hold infusion and notify provider for: Signs/symptoms of illness or active infection, planned/recent surgical procedures, cough, night sweats, unintended weight loss, recent live vaccinations, active shingles. If infusion related reaction occurs, stop infusion and follow Hypersensitivity Reaction Management Policy/Protocol as clinically indicated Premedications: Tylenol 650mg PO Loratadine 10mg PO	Name: DOB: Address: State: Zip: Weight:	Prescriber Name:	
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Prescriber Name (Please print):	Prescriber Name (Please print):	Date	
Prescriber Signature: Date:			

By signing this form, you certify that the use of the selected treatment is medically necessary and you will be supervising the treatment of the patient. Additionally, you authorize Allied Infusion Services to act as your prior authorization designated agent when interacting with medical and prescription payors and patient assistance programs.