

Rozanolixizumab-noli (Rystiggo)



Provider Order Form rev. 9/18/23

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight (lbs/kg):	Height:
Patient Status: <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy	Last Treatment Date:	Next Due Date:

PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

NURSING

- Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation
- NOTE:** IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 09.07.2021)

SPECIAL INSTRUCTIONS

THERAPY ADMINISTRATION

- Rozanolixizumab-noli (Rystiggo)
- Dose
- Less than 50kg: 420mg
 - 50kg to less than 100kg: 560mg
 - 100kg and above: 840mg
- Frequency: once weekly for six weeks (one treatment cycle)
- Route: subcutaneous infusion
- Select for additional treatment cycles.
- _____ (Indicate number of cycles)
- Subsequent cycles may require additional insurance authorization.
 - Treatment cycles will be given 63 days from the start of the previous treatment cycle.
- Administer as a subcutaneous infusion.
- 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.

Administer subsequent treatment cycles based on clinical evaluation; the safety of initiating subsequent cycles sooner than 50 days from the start of the previous treatment cycle has not been established.

Provider Name (Print) _____ Provider Signature _____ Date _____

FAX NUMBERS				
<input type="checkbox"/> BAY AREA: 844-889-0275	<input type="checkbox"/> CONNECTICUT: 860-955-1532	<input type="checkbox"/> INDIANAPOLIS: 844-983-2028	<input type="checkbox"/> MIDDLE TN: 888-615-1445	<input type="checkbox"/> PIEDMONT TRIAD: 336-790-2200
<input type="checkbox"/> CHARLOTTE: 336-663-0143	<input type="checkbox"/> DAYTONA: 386-259-6096	<input type="checkbox"/> JACKSONVILLE: 904-212-2338	<input type="checkbox"/> NORTH CENTRAL FL: 352-756-4191	<input type="checkbox"/> RALEIGH: 919-287-2551
<input type="checkbox"/> CHICAGO: 312-253-7244	<input type="checkbox"/> DELAWARE: 302-596-8553	<input type="checkbox"/> KANSAS CITY: 844-900-1292	<input type="checkbox"/> NORTHWEST AR: 888-615-1445	<input type="checkbox"/> SARASOTA: 941-870-6550
<input type="checkbox"/> CINCINNATI: 844-946-0868	<input type="checkbox"/> EAST TN: 615-425-7427	<input type="checkbox"/> LAKELAND: 863-316-3910	<input type="checkbox"/> ORLANDO: 844-946-0867	<input type="checkbox"/> SOUTHWEST FL: 813-283-9144
<input type="checkbox"/> COLUMBUS: 844-627-2675	<input type="checkbox"/> FT. LAUDERDALE: 754-946-2052	<input type="checkbox"/> LITTLE ROCK: 501-451-5644	<input type="checkbox"/> PALM BEACH: 561-768-9044	<input type="checkbox"/> TAMPA: 844-946-0849
	<input type="checkbox"/> HARRISBURG: 844-859-4235	<input type="checkbox"/> MIAMI: 786-744-5687	<input type="checkbox"/> PHILADELPHIA: 844-820-9641	<input type="checkbox"/> WEST TN: 888-615-1445