

## Rituximab (Rituxan)

Provider Order Form rev. 4/2/2022

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_ Weight lbs/kg: \_\_\_\_\_

**Patient Status:**  New to Therapy  Continuing Therapy Next Due Date (if applicable): \_\_\_\_\_

### PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### ICD-10 CODE

- C85 Non-Hodgkin's Lymphoma (NHL)
- C91.10 Chronic Lymphocytic Leukemia (CLL)
- M06.9 Rheumatoid Arthritis (RA)
- M31.30 Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis)
- M31.7 Microscopic Polyangiitis (MPA)
- L10.0 Moderate to severe Pemphigus Vulgaris (PV)
- Other: \_\_\_\_\_

### PRE-MEDICATIONS

- Acetaminophen 650-1000mg PO
- Diphenhydramine 25-50mg IV
- Methylprednisolone 100mg IV

### SPECIAL INSTRUCTIONS

### MEDICATION ORDER

- Mix in 0.9% sodium chloride or D5W to final concentration of 1-4mg/ml
  - Dose:  1000mg /  \_\_\_\_\_mg
  - Mix in:  500ml /  250ml
  - Frequency:  On Series Day 0 and Series Day 14; repeat series every 24 weeks
  - Other: \_\_\_\_\_
- Refills:  Zero /  for 12 months /  \_\_\_\_\_ (if not indicated order will expire one year from date signed)
  - Infusion rate: First infusion in series: 50mg/hr, increasing every 30 minutes by 50mg/hr to maximum of 400mg/hr
  - Subsequent infusion in series: 100mg/hr, increasing every 30 minutes by 100mg/hr to maximum of 400mg
- Flush with 0.9% sodium chloride at the completion of infusion
- Monitor patient for 30 minutes post infusion

Provider Name (Print) \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

### REQUIRED DOCUMENTATION

- Recent Office notes (along with any therapies tried and outcomes)
- Lab Results
- Insurance Cards (front and back)
- Current Medication
- Demographic Sheet
- History and Physical Report

### ATTACH REQUIRED LAB RESULTS (FOR NEW REFERRALS ONLY)

- Comprehensive Metabolic Panel, CBC with differential w/in past 3 months