

TN  
100 Covey Drive  
Suite 307  
Franklin, TN 37067



# INFUSION ORDERS RITUXIMAB

Date: \_\_\_\_\_

## PATIENT INFORMATION

Demographics attached

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

**INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S) (FRONT AND BACK)**

## MEDICAL INFORMATION

J Code: J9312

Patient Weight: \_\_\_\_\_ lbs. Allergies: \_\_\_\_\_

Clinical/Progress Notes, Labs, and Tests supporting primary diagnosis attached

**Required Labs:** CBC w/ platelet, Hepatitis B antigen, Hepatitis B core total antibody

**Recommended Labs:** Quantitative immunoglobulins (IgM, IgG, and IgA), Hepatitis C Virus, TB Test

**Labs:** Required labs to be drawn by:  Infusion Clinic  Referring Physician

**Lab Orders:** \_\_\_\_\_

## RITUXIMAB INFUSION ORDERS

**SELECT BRAND:**  RITUXAN  TRUXIMA  RUXIENCE

**Diagnosis:**  Rheumatoid Arthritis (ICD-10 \_\_\_\_\_ )  Other: \_\_\_\_\_ (ICD-10 \_\_\_\_\_ )

(RA) **Dose:**  1000mg

**Dose Frequency:**  Day 0, repeat dose in 2 weeks

One time dose

**Diagnosis:**  Granulomatosis w/ Polyangiitis (ICD-10 \_\_\_\_\_ )  Microscopic Polyangiitis (ICD-10 \_\_\_\_\_ )

(GPS/MPA) **Dose:**  375mg/m<sup>2</sup> - **Dose Frequency:**  weekly x 4 weeks  Other: \_\_\_\_\_

500mg - **Dose Frequency:**  Day 0, repeat dose in 2 weeks  Other: \_\_\_\_\_

**Diagnosis:**  Pemphigus Vulgaris (ICD-10 \_\_\_\_\_ )

(PV) **Dose:**  Initial Dose: 1000mg IV

**Dose Frequency:**  Day 0, repeat dose in 2 weeks

Maintenance Dosing: 500mg IV

Every 6 months

**Diagnosis:**  Other: \_\_\_\_\_ (ICD-10 \_\_\_\_\_ )

(Other)  Other: \_\_\_\_\_ (ICD-10 \_\_\_\_\_ )

**Dose:**  1000mg  500mg  375mg/m<sup>2</sup>  Other: \_\_\_\_\_

**Dose Frequency:**  One Dose  Day 0, repeat dose in 2 weeks  Other: \_\_\_\_\_

**Protocol Pre-Medication:** Solu-Medrol 100mg IV, Tylenol 1000mg PO, Benadryl 50mg PO/IV

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

**Order Frequency:**  One time order, no refills

Repeat ordered dose every \_\_\_\_\_ week(s) **OR** \_\_\_\_\_ month(s) **X** \_\_\_\_\_ dose(s)

**Additional Orders/Comments:**

## ORDERING PROVIDER

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_