

Vermont
28 Park Ave
Suite #1A
Williston, VT 05495



RIABNI[®] (rituximab-arrx)

ORDER FORM

Date: _____

PATIENT INFORMATION			
Name:		Phone:	DOB: SEX: M ☐ F ☐
☐ NKDA	Allergies:		Weight lbs/kg:
PHYSICIAN INFORMATION			
Physician Name*:		Practice Name:	
Address:		Office Contact Name:	Office Contact #:
Phone:	Fax:	Email (for updates):	
REFERRAL STATUS			
☐ New Referral ☐ Referral Renewal ☐ Medication/Order Change ☐ Benefits Verification Only ☐ Discontinuation Order			
RIABNI[®] is indicated for the treatment of adult patients with: ☐ Relapsed or refractory, low-grade or follicular, CD20-positive, B-cell NHL as a single agent. ☐ Previously untreated follicular, CD20-positive, B-cell NHL in combination with first line chemotherapy and, in patients achieving a complete or partial response to a rituximab product in combination with chemotherapy, as single-agent maintenance therapy. ☐ Non-progressing (including stable disease), low-grade, CD20-positive, B-cell NHL as a single agent after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy. ☐ Previously untreated diffuse large B-cell, CD20-positive NHL in combination with cyclophosphamide, doxorubicin, vincristine, prednisone (CHOP) or other anthracycline-based chemotherapy regimens.			
☐ ICD-10*: _____ ☐ Dx Code: _____ ☐ Dx Code: _____		DOSING AND INDICATION B-cell NHL is 375 mg/m ² ☐ CLL is 375 mg/m² in the first cycle and 500 mg/m² in cycles 2-6, in combination with FC, administered every 28 days X _____ months. ☐ RA in combination with methotrexate is two-1,000 mg intravenous infusions separated by 2 weeks (one course) every 24 weeks or based on clinical evaluation, but not sooner than every 16 weeks. Methylprednisolone 100 mg intravenous or equivalent glucocorticoid is recommended 30 minutes prior to each infusion. ☐ For adult patients with active GPA and MPA in combination with glucocorticoids is 375 mg/m² once weekly for 4 weeks. ☐ The follow up dose for adult patients with GPA and MPA who have achieved disease control with induction treatment, in combination with glucocorticoids is two 500 mg intravenous infusions separated by two weeks, followed by a 500 mg intravenous infusion every 6 months thereafter based on clinical evaluation.	
PRE-MEDICATION ☐ Tylenol PO 650mg ☐ 1000 MG ☐ other _____ ☐ Solumedrol 125mg IV ☐ other _____ ☐ Benadryl ☐ 25mg ☐ 50mg ☐ other _____ ☐ IV ☐ PO ☐ Benadryl 50 mg ☐ or PO ☐ Medication _____ Dose _____ Route _____ ☐ _____ (other) ☐ _____ (other) PREMEDICATING WITH AN ANTIHISTAMINE AND ACETAMINOPHEN For RA, GPA and MPA patients, methylprednisolone 100 mg intravenously or its equivalent is recommended 30 minutes prior to each infusion. DOSAGE FORMS AND STRENGTHS: Injection: 100 mg/10 mL (10 mg/mL) and 500 mg/50 mL (10 mg/mL) solution in single-dose vials (3) FREQUENCY ☐ Date of last dose: _____		WARNINGS AND PRECAUTIONS https://www.pi.amgen.com/-/media/Project/Amgen/Repository/pi-amgen-com/Riabni/riabni_pi_english.pdf	
REQUIRED DOCUMENTATION CHECKLIST: ____ Patient Demographics ____ Insurance Card/Information ____ Recent labs to include CBC w/diff + Plts, CMP, HBsAg and anti-HBc before initiating treatment with RIABNI (rituximab-arrx) and please send any other recent labs ____ Recent Progress and Vaccination Status ____ Other			

ORDERING PROVIDER

Signature **X** _____ Date _____

NPI _____

Provider _____ Phone _____ Fax _____