

TN  
100 Covey Drive  
Suite 307  
Franklin, TN 37067



## Provider Order Form

# Rituximab (Rituxan, Truxima, Ruxience) Date: \_\_\_\_\_

### PATIENT INFORMATION

Name:	DOB:
Allergies:	Date of Referral:

ICD-10 code (required): \_\_\_\_\_ ICD -10 description: \_\_\_\_\_

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: \_\_\_\_\_

#### PRE-MEDICATION ORDERS

The following are manufacturer recommended premedication regimens:

- acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO
- methylprednisolone (Solu-Medrol) 125mg IV
- diphenhydramine (Benadryl) 25mg / 50mg PO / IV
- other: \_\_\_\_\_

#### ADDITIONAL PRE-MEDICATION ORDERS

- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- Other: \_\_\_\_\_

#### REQUIRED DOCUMENTATION CHECKLIST:

- \_\_\_\_\_ Patient Demographics
- \_\_\_\_\_ Insurance Card/Information
- \_\_\_\_\_ Recent Progress note
- \_\_\_\_\_ Recent labsto include Hepatitis panel, CBC, CMP as well quantitative, if available.  
**\*Please send any other recent labs**
- \_\_\_\_\_ Other

#### LABORATORY ORDERS

- CBC  at each dose  every \_\_\_\_\_
- CMP  at each dose  every \_\_\_\_\_
- CRP  at each dose  every \_\_\_\_\_
- Other: \_\_\_\_\_

#### THERAPY ADMINISTRATION

Please check preferred product:

- Rituximab(Rituxan)  Rituximab-abbs (Truxima)
- Rituximab-pvvr (Ruxience)

Dose:  1000mg **OR** \_\_\_\_\_ mg **OR** \_\_\_\_\_ mg/kg

**FREQUENCY:**  One time Dose **OR**

- On Week 0 THEN WEEK 2;
- NO** refills **OR**  
repeat series every:
  - 16 Weeks
  - 24 Weeks
  - 26 Weeks
  - Weekly x \_\_\_\_\_ TOTAL doses
  - Other: \_\_\_\_\_

Pre-medicate patients with an antihistamine and acetaminophen prior to dosing. For RA and PV patients, methylprednisolone 100 mg intravenously or its equivalent is recommended 30 minutes prior to each infusion. Screen all patients for HBV infection by measuring HBsAg and anti- HbC before initiating treatment with RITUXAN. For patients who show evidence of prior hepatitis B infection (HBsAg positive [regardless of antibody status] or HBsAg negative but antiHbC positive), consult with physicians with expertise in managing hepatitis B regarding monitoring and consideration for HBV antiviral therapy before and/or during RITUXAN treatment.

## ORDERING PROVIDER

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

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