Email: intake@infuseone.com | Phone: 1-800-581-0645 |
Please refer to website www.infuseone.com for location specific fax numbers

INFUSE ONE

# Rituximab (Rituxan, Truxima, Ruxience) Infusion Orders

Patient Name: _____ DOB: _____ ☐ Male ☐ Female

Diagnosis (please provide ICD10 code) _____

☐ Other: _____

☐ NKDA Allergies: _____

☐ New Start Therapy ☐ Continuation of Therapy Date of last dose (if applicable): _____

Ordering Provider: _____

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

**PRE-MEDICATIONS**

☐ Acetaminophen 1000mg PO, Diphenhydramine 50mg IV, and Solu-Medrol 100mg IV

**Patient will receive above premeds per Sage Infusion Medication Saferty Protocol unless different premeds are noted below*

☐ Other PreMeds: _____

**REQUIRED LABS**

☑ Clinical/Progress Notes, Labs, Tests supporting primary diagnosis (please attach)

☑ Hepatitis B status & date (please attach results): _____

## RITUXIMAB ORDERS

☐ Rituxan ☐ Truxima ☐ Ruxiance **Based on product availability and patient insurance requirements, product recommendations may be provided*

**DOSING:**

Dose: ☐ 1000 mg OR ☐ Other: _____ mg

Mix in: ☐ 500ml 0.9% sodium chloride OR ☐ 250ml 0.9% sodium chloride

☑ Administer Intravenous Infusion per Infuse One Rituximab Protocol

**FREQUENCY:**

☐ On Series Day 0 and Series Day 14 ☐ Repeat series every 24 weeks

☐ Other: _____

**REFILLS:**

☐ _____

(*if not indicated order will expire one year from date signed*)

☑ **Infuse One Standing Orders:**
Provide treatment under Infuse One's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

_____
Provider Name

_____ _____
Provider Signature Date

Pre-medicate patients with an antihistamine and acetaminophen prior to dosing. For RA and PV patients, methylprednisolone 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 anti-HBc positive), consult with physicians with expertise in managing hepatitis B regarding monitoring and consideration for HBV antiviral therapy before and/or during RITUXAN treatment.