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.