



Rituximab (Rituxan) 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: _____

RECOMMENDED PRE-MEDICATION

Acetaminophen 650mg PO / 1000mg PO
Diphenhydramine 25mg 50mg PO / IV
Solu-Medrol 125mg IVP Other: _____

Other PreMeds: _____

REQUIRED LABS

- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis (please attach)
- Hepatitis B status & date (please attach results): _____

RITUXIMAB ORDERS

Rituxan

**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

REFILLS:

FREQUENCY:

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

Other: _____

(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.