

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 do	ose (if applicable):
Ordering Provider:		
Provider NPI:	Phone:	Fax:
Practice Address:	City:	State: Zip Code:
RECOMMENDED PRE-MEDICATION		REQUIRED LABS
Acetaminophen ☐ 650mg PO / ☐ 1000mg PO Diphenhydramine ☐ 25mg ☐ 50mg ☐ PO / ☐		Clinical/Progress Notes, Labs, Tests supporting
Solu-Medrol 125mg IVP Other:		primary diagnosis (please attach)
Other PreMeds:	V	Hepatitis B status & date (please attach results):
RITUXIMAB ORDERS		
ro		availability and patient insurance luct recommendations may be provided
DOSING:	quirements, proud	act recommendations may be provided
Dose: 🛘 1000 mg OR 🗘 Other:	mg	
Mix in: \square 500ml 0.9% sodium chloride OR	☐ 250m	nl 0.9% sodium chloride
Administer Intravenous Infusion per Infuse One Ritux	imab Protocol	REFILLS:
FREQUENCY:		П
☐ On Series Day 0 and Series Day 14 ☐ Repeat serie	s every 24 weeks	—
☐ Other:		year from date signed)
[7] Infrare One Standing Orders		
✓ Infuse One Standing Orders: Provide treatment under Infuse One's Clinical Guidelines, Med	lication Safety Prot	tocol, Emergency Guidelines,
and Action Plan for Infusion Reactions.		
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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.