

**RITUXAN (RITUXIMAB)
INFUSION ORDERS**

****REQUIRED INFORMATION****

- This signed order form from the provider
- Patient demographics & insurance information
- Required Labs: CBC, Hep B panel (HBsAg anti-HBc)
- Strongly recommended labs:** Quantitative Immunoglobulin (IgM, IgG and IgA): negative PPD or TB Gold; Anti-HCV antibody. Infusion will not be held if strongly recommended labs are not available.
- Clinical/Progress Notes, Labs, Tests** supporting primary diagnosis (ICD-10 below)

Patient Name:	DOB:
Allergies:	Patient Phone:

J Code: J9310

RITUXAN ORDERS

Hepatitis B Protocol: Hep B surface antigen and Hep B Core AB total required.

*Date of last Remicade Orencia Humira Enbrel dose _____ Date: _____

Diagnosis: Rheumatoid Arthritis (ICD-10: _____)
 Other: _____ (ICD-10: _____)

OPTION 1: Rituxan dose: 1000mg on day 1 and day 15 after initial treatment
Frequency: One time dose only Every 24 weeks

(OR)

Diagnosis: Granulomatosis with Polyangiitis (ICD-10: _____)
 Microscopic Polyangiitis (ICD-10: _____)

OPTION 2: Rituxan dose: 375mg/M²
Frequency: Weekly x 4 weeks Other: _____

For severe vasculitis symptoms:

- Solu-Medrol 1000mg IV daily for _____ days (1-3 days) within 14 days prior to Rituxan infusion.
- Solu-Medrol infusion to be followed by oral prednisone taper of 1mg/kg/daily (not to exceed 80mg daily)
- Prednisone Rx provided by prescribing provider

Protocol Pre-medication Orders: Tylenol 1000mg PO **and** Benadryl 50mg PO/IVP
 Solu-Medrol 100mg IVP Other: _____

Additional Instructions:

Physician Name:	Phone:	Fax:
**Physician Signature:	Date:	