



Rituximab (Rituxan®) or Biosimilar

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes.
Trinity Health will obtain any necessary medication authorizations for patients receiving infusion therapies.

Order Date: _____

Referral Status: [] New Referral [] Dose or Frequency Change [] Renewal

Form with fields for Patient Name, Date of Birth, Weight, Height, Allergies, Primary Insurance, Member ID, Secondary Insurance, Member ID, Diagnosis Code, Indication, Target start date, Lab Orders (CBC w/ diff, Other).

Note to Provider: Viral hepatitis B screening required prior to therapy initiation. Additional screening for hepatitis C, HIV, and TB may be warranted.

Hold and Notify Provider: ANC below 1.5, Plt below 75K; signs/symptoms of active infection.

Pre-Medications

- Acetaminophen 650mg PO, 30-60 minutes prior to infusion
Diphenhydramine 25mg IVP, 30-60 minutes prior to infusion
Methylprednisolone 100mg IVP, 30-60 minutes prior to infusion
Loratadine 10mg PO, 30-60 minutes prior to infusion
Hydrocortisone 50 mg IVP, 30-60 minutes prior to infusion
Other: _____

Rx Rituximab (Or Biosimilar)

[] Pharmacy to Select [] DAW: _____

Dose:

[] 1000 mg [] 375 mg/m^2 [] Other: _____

Frequency:

- [] Day 1 and 15, [] Repeating every 6 months
[] Weekly for ___ weeks
[] Once
[] Other: _____

Nursing Orders:

Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy if necessary:

sodium chloride 0.9% bolus 500 mL PRN; acetaminophen tablet 650 mg PRN; albuterol 2.5 mg /3 mL (0.083%) nebulizer solution 2.5 mg PRN; albuterol HFA inhaler 2 puff PRN; epinephrine injection 0.3 mg PRN; famotidine injection 20 mg PRN; diphenhydramine injection 50 mg PRN; diphenhydramine injection 25 mg PRN; hydrocortisone sodium succinate injection 100 mg PRN

Provider Name: _____

Provider Signature: _____

Office Phone Number: _____

Office Fax Number: _____

Attending Physician Name: _____

(If ordering provider is an advanced practice practitioner)

Note: This order is valid for 12 months from date of physician signature.