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## 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/M<sup>2</sup>  
**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:	