

## Rituximab Order Form

Patient Name Middle Last DOB

Diagnosis Diagnosis Code

Height (cm) Actual Weight (kg) Allergies

\*Required labs: HBV prior to treatment and CBC with differential.

- If a different Rituximab product is needed, indicate the brand and rationale below:

- The Preferred Rituximab product at New England Cancer Specialists is Rituxan:  
- CPT Code: J9312
- NECS is unable to offer Riabni or Ruxience.

### PRE-MEDICATIONS PRIOR TO RITUXIMAB:

- None  Acetaminophen 1000mg PO  Cetirizine 10mg PO  Dexamethasone 10mg IV

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

- Microscopic polyangitis (MPA) or GPA; Wegener granulomatosis:** 375 mg/m<sup>2</sup> IV once weekly for 4 doses (in combination with methylprednisolone IV for 1 to 3 days followed by daily prednisone)

Rituximab 375 mg/m<sup>2</sup> IV:  Initial  Day 15  Repeat Day 1+15 every 24 weeks

- Rheumatoid arthritis: IV:** 1,000 mg on days 1 and 15 (in combination with methotrexate); subsequent courses may be administered every 24 weeks.

Rituximab 1,000 mg IV:  Initial  Day 15  Repeat Day 1+15 every 24 weeks

Orders valid through: \_\_\_\_\_

- Pemphigus vulgaris: IV:** 1,000 mg once every 2 weeks for 2 doses followed by maintenance of rituximab 500 mg at months 12 and 18 and every 6 months thereafter or based on clinical evaluation.

Rituximab 1,000 mg IV:  Initial  Day 15

Rituximab 500 mg IV:  12 Month  18 Month  q6 Month

Orders valid through: \_\_\_\_\_

Provider Name

Provider Signature

Date

Phone

Fax

Pager