

Rituximab Order Form

Patient Name: _____	DOB: _____
Diagnosis: _____	Diagnosis Code: _____
Height: _____(cm) Actual Weight: _____(kg) Allergies: _____	

Required labs: HBV prior to treatment and CBC w/differential.

- * The Preferred Rituximab product at New England Cancer Specialists is *Rituxan*:
 - o CPT Code: J9312
- * NECS is unable to offer Riabni or Ruxience.
- * If a different Rituximab product is needed, indicate the brand and rationale below:

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/m² IV once weekly for 4 doses (in combination with methylprednisolone IV for 1 to 3 days followed by daily prednisone)

Rituximab 375 mg/m² IV: Initial day 8 day 15 day 22

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

Rituximab 1000mg IV: Initial day 15 repeat Day 1+15 q24 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 1000mg IV: Initial day15

Rituximab 500mg IV: 12 month 18 month q6 months

Orders valid through ___ / ___ / ___

Provider Name: _____		
Provider Signature: _____	Date: _____	
Phone: _____	Fax: _____	Pager: _____