NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

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 polyangititis (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 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