



INFUSION ORDERS — RITUXAN (rituximab)

Date of referral: _____

Patient Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ WT [kg]: _____ HT: _____ [in]

Diagnosis: _____

Hepatitis B Surface Antigen Result: _____

(Positive result indicates active infection: contraindication)

Hepatitis B Core Antibody Result: _____

[Positive result indicates active/prior infection: requires liver specialist.]

Hepatitis B surface Antibody Result: _____

(Positive result indicates vaccination)

***ICD 10 CODE:** _____

****Please include supporting clinical documentation for specified ICD 10 Code as well as demographic and insurance information. This must be provided to ensure payment by insurance carrier. Please fax with this order form.***

RITUXAN DOSING

- Rituxan 1000mg on Day 1 and Day 15
— Infuse at 50mg/hr for the first 30 minutes, increase infusion rate by 50mg/hr every 30 minutes as tolerated to a maximum rate of 400mg/hr.
- Premeds: 650 PO Tylenol, 50mg PO Benadryl, 125mg IVP Solumedrol
- Specific dose of: _____

Prescribing Physician: _____

Address: _____

Physician Signature: _____

Date: _____

Physician Phone: _____ Fax: _____