

# Rituxan (rituximab)

Provider Order Form rev. 5/20/2022



www.vascoinfusion.com  
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## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ Patient Email: \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_ Weight lbs/kg: \_\_\_\_\_ Height: \_\_\_\_\_

**Patient Status:**    New to Therapy    Continuing Therapy    Therapy Change    Next Due Date (if applicable): \_\_\_\_\_

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## DOCUMENTATION (REQUIRED)

Labs	Insurance Card (front and back)	Current Medications	History/Progress Notes
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### ICD-10 CODE

- C85.90 Non-Hodgkin lymphoma, unspecified, unspecified site
- C91.10 Chronic lymphocytic leukemia
- M06.9 Rheumatoid Arthritis
- M31.30 Granulomatosis with Polyangiitis (GPA) (Wegener's granulomatosis)
- M31.7 Microscopic Polyangiitis (MPA)
- Other: \_\_\_\_\_

### PRE-MEDICATION ORDERS (given 30 min before each infusion)

- Methylprednisolone 100mg IV and (select acetaminophen and antihistamine doses below)
- acetaminophen (Tylenol)    500mg    650mg    1000mg PO
- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- diphenhydramine (Benadryl)    25mg    50mg /    PO    IV
- methylprednisolone (Solu-Medrol)    40mgIV    125mg IV
- hydrocortisone (Solu-Cortef) 100mg IV
- Other: \_\_\_\_\_

### MEDICATION ORDER

**Rituxan** (rituximab)  
Dose:  
1,000 mg IV  
Other: \_\_\_\_\_mg IV

Frequency:  
Administer on Day 0 and Day 14; repeat series (2 doses separated by 2 weeks) every 24 weeks  
Administer on Day 0 and Day 14; repeat series (2 doses separated by 2 weeks) every \_\_\_\_\_ weeks  
Other: \_\_\_\_\_

Order Expiration Date (mm/dd/yy): \_\_\_\_\_  
(If not indicated order will expire one year from date signature)

### SPECIAL INSTRUCTIONS

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

Provider Name (Print) \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Check here if this is a stat order