

# RITUXIMAB (AND BIOSIMILAR) ORDER FORM

- Rituximab (Rituxan)  
  Rituximab-abbs (Truxima)  
  Rituximab-pvvr (Ruxience)  
  Rituximab-arrx (Riabni)

**Dispense As Written (DAW)**

Will substitute for biosimilar or reference product based on insurance and availability

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ kg  
 Allergies: \_\_\_\_\_  
 Patient has known difficult venous access. Comments: \_\_\_\_\_  
 New Start Therapy |  Continuation of Therapy & Date of last dose (if applicable): \_\_\_\_\_

## DIAGNOSIS (Provider must specify)

- Rheumatoid Arthritis, ICD 10: M05.\_\_\_\_ or M06.\_\_\_\_       Microscopic Polyangiitis, ICD 10: M31.7  
 Granulomatosis with Polyangiitis, ICD 10: M31.\_\_\_\_       Pemphigus Vulgaris, ICD 10: L10.0  
 Other: \_\_\_\_\_

## PROVIDER INFORMATION

Provider Name (print name): \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Prerequisites to treatment** – ensure the following information is complete and attached with referral:

- Demographics  
  Labs and tests supporting diagnosis  
  Office/progress notes

## PRE-MEDICATION

Recommendations per PI are selected, these will be given to patient unless otherwise specified.

- Methylprednisolone (Solu-Medrol) 125mg IVP       Benadryl 25mg PO       Acetaminophen (Tylenol) 500mg PO  
 Other: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

## MEDICATION

MEDICATION	DOSE	ROUTE	FREQUENCY
Rituximab	<input type="checkbox"/> 500 mg <input type="checkbox"/> 1,000 mg <input type="checkbox"/> 375 mg/m2	IV	<input type="checkbox"/> Day 0 and 14 x1 course <input type="checkbox"/> Day 0 and 14, Repeat in 6 months <input type="checkbox"/> Day 0, 7, 14, and 21 x1 course <input type="checkbox"/> Other _____

## LABS / SPECIAL INSTRUCTIONS

Order valid for 1 year from date of signature unless otherwise specified here: \_\_\_\_\_

**FAX NUMBERS:**

- CT: 203.433.0621  
 FL: 904.877.9270

- MA: 413.296.8482  
 MD: 240.224.8607  
 ME: 207.407.7272

- NC: 919.984.8698  
 NH: 603.217.5371  
 NJ: 201.581.4521

- NY: 631.250.6020  
 OH: 937.871.4594  
 PA: 610.273.5998

- SC: 864.973.6279  
 VA: 703.202.0499