Los Angeles, CA
2080 Century Park East
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Los Angeles, CA 90067

ThrIVewell INFUSION WEST
Office: 310-481-9944 Fax : 310-766-7001

MMI

INFUSION ORDERS
RITUXIMAB

Date: _____

PATIENT INFORMATION ☐ Demographics attached

Patient Name: _____ DOB: _____ Phone: _____

INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S) (FRONT AND BACK)

MEDICAL INFORMATION

J Code: J9312
Patient Weight: _____ lbs. Allergies: _____
☐ Clinical/Progress Notes, Labs, and Tests supporting primary diagnosis attached
☐ **Required Labs:** CBC w/ platelet, Hepatitis B antigen, Hepatitis B core total antibody
☐ **Recommended Labs:** Quantitative immunoglobulins (IgM, IgG, and IgA), Hepatitis C Virus, TB Test
Labs: Required labs to be drawn by: ☐ Infusion Clinic ☐ Referring Physician
Lab Orders: _____

RITUXIMAB INFUSION ORDERS

SELECT BRAND: ☐ **RITUXAN** ☐ **TRUXIMA** ☐ **RUXIENCE**

Diagnosis: ☐ Rheumatoid Arthritis (ICD-10 _____) ☐ Other: _____ (ICD-10 _____)
(RA) **Dose:** ☐ 1000mg **Dose Frequency:** ☐ Day 0, repeat dose in 2 weeks
☐ One time dose

Diagnosis: ☐ Granulomatosis w/ Polyangiitis (ICD-10 _____) ☐ Microscopic Polyangiitis (ICD-10 _____)
(GPS/MPA) **Dose:** ☐ 375mg/m2 - **Dose Frequency:** ☐ weekly x 4 weeks ☐ Other: _____
☐ 500mg - **Dose Frequency:** ☐ Day 0, repeat dose in 2 weeks ☐ Other: _____

Diagnosis: ☐ Pemphigus Vulgaris (ICD-10 _____)
(PV) **Dose:** ☐ Initial Dose: 1000mg IV **Dose Frequency:** ☐ Day 0, repeat dose in 2 weeks
☐ Maintenance Dosing: 500mg IV ☐ Every 6 months

Diagnosis: ☐ Other: _____ (ICD-10 _____)
(Other) ☐ Other: _____ (ICD-10 _____)
Dose: ☐ 1000mg ☐ 500mg ☐ 375mg/m2 ☐ Other: _____
Dose Frequency: ☐ One Dose ☐ Day 0, repeat dose in 2 weeks ☐ Other: _____

Protocol Pre-Medication: Solu-Medrol 100mg IV, Tylenol 1000mg PO, Benadryl 50mg PO/IV
☐ Other: _____

Order Frequency: ☐ One time order, no refills
☐ Repeat ordered dose every _____ week(s) **OR** _____ month(s) **X** _____ dose(s)

Additional Orders/Comments:

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____