

**Borough Park**  
1428 36th Street  
Suite 107  
Brooklyn, NY 11218

**Bronx**  
226 West 238th Street  
Bronx, NY 10463

**Brooklyn/Sheepshead Bay**  
2546 East 17th Street  
Fl. 1  
Brooklyn, NY 11235

**Crown Heights**  
555 Lefferts Avenue  
Brooklyn, NY 11225



**Manhattan**  
225 E 70th Street  
Suite 1E  
New York, NY 10021

**Manhattan/Gramercy**  
7 Gramercy Park West  
Lower Level  
New York, NY, 10003

**Manhasset**  
333 East Shore Road  
Suite 201  
Manhasset, NY 11030

**5 Towns**  
141 Washington Avenue  
Cedarhurst, NY 11559

**Manhattan/FIDI**  
30 Broad Street  
Suite 401  
New York, NY, 10004

**Manhattan**  
57W 57Street  
Suite 601  
New York, NY 10019

**Riverhead**  
1228 E Main Street  
Suite A  
Riverhead, NY 11901

**Holbrook/ Ronkonkoma**  
233 Union Ave  
Suite 207  
Holbrook, NY 11741

**Manhattan/Midtown**  
120 East 56 Street  
Suite 3D  
New York, NY 10022

**Scarsdale**  
495 Central Park Avenue  
Suite 205  
Scarsdale, NY 10583

**Queens**  
64-05 Yellowstone Blvd  
CF104  
Forest Hills, NY 11375

**Woodbury**  
75 Froehlich Farm  
Woodbury, NY 11797

**Elmsford/ Terrytown**  
555 Taxter Road  
3rd Floor  
Elmsford, NY 10523

**Long Beach**  
917 Beech Street  
Long Beach, NY 11561

**New Hyde Park**  
1991 Marcus Ave  
Suite 110  
Lake Success, NY, 11042

**NYC Central Park West**  
115 Central Park West  
Suite 15  
New York, NY 10023

**Rockville Centre**  
165 North Village Avenue  
Suite 133  
Rockville Center, NY 11570

**Staten Island**  
27 New Dorp Lane  
Staten Island, NY 10306



**RIABNI®** (rituximab-arrx)

ORDER FORM

Date: \_\_\_\_\_

PATIENT INFORMATION		
Name:	Phone:	DOB: SEX: M <input type="checkbox"/> F <input type="checkbox"/>
<input type="checkbox"/> NKDA	Allergies:	Weight lbs/kg:

PHYSICIAN INFORMATION		
Physician Name*:	Practice Name:	
Address:	Office Contact Name:	Office Contact #:
Phone:	Fax:	Email (for updates):

REFERRAL STATUS		
<input type="checkbox"/> New Referral	<input type="checkbox"/> Referral Renewal	<input type="checkbox"/> Medication/Order Change
<input type="checkbox"/> Benefits Verification Only	<input type="checkbox"/> Discontinuation Order	

RIABNI: is indicated for the treatment of adult patients with:

- Relapsed or refractory, low-grade or follicular, CD20-positive, B-cell NHL as a single agent.
- Previously untreated follicular, CD20-positive, B-cell NHL in combination with first line chemotherapy and, in patients achieving a complete or partial response to a rituximab product in combination with chemotherapy, as single-agent maintenance therapy.
- Non-progressing (including stable disease), low-grade, CD20-positive, B-cell NHL as a single agent after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy.
- Previously untreated diffuse large B-cell, CD20-positive NHL in combination with cyclophosphamide, doxorubicin, vincristine, prednisone (CHOP) or other anthracycline-based chemotherapy regimens.

- ICD-10\*: \_\_\_\_\_
- Dx Code: \_\_\_\_\_
- Dx Code: \_\_\_\_\_

**PRE-MEDICATION**

- Tylenol PO 650mg  1000 MG  other \_\_\_\_\_
- Solumedrol 125mg IV  other \_\_\_\_\_
- Benadryl  25mg  50mg  other \_\_\_\_\_  IV  PO
- Benadryl 50 mg  or PO
- Medication \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_
- \_\_\_\_\_ (other)  \_\_\_\_\_ (other)

**PREMEDICATING WITH AN ANTIHISTAMINE AND ACETAMINOPHEN**  
For RA, GPA and MPA patients, methylprednisolone 100 mg intravenously or its equivalent is recommended 30 minutes prior to each infusion.

**DOSAGE FORMS AND STRENGTHS:**

Injection: 100 mg/10 mL (10 mg/mL) and 500 mg/50 mL (10 mg/mL) solution in single-dose vials (3)

**FREQUENCY**

- Date of last dose: \_\_\_\_\_

**DOSING AND INDICATION**

B-cell NHL is 375 mg/m2

- CLL is 375 mg/m2 in the first cycle and 500 mg/m2 in cycles 2-6, in combination with FC, administered every 28 days X \_\_\_\_\_ months.
- RA in combination with methotrexate is two-1,000 mg intravenous infusions separated by 2 weeks (one course) **every 24 weeks or based on clinical evaluation, but not sooner than every 16 weeks.** Methylprednisolone 100 mg intravenous or equivalent glucocorticoid is recommended 30 minutes prior to each infusion.
- For adult patients with active GPA and MPA in combination with glucocorticoids is 375 mg/m2 once weekly for 4 weeks.
- The follow up dose for adult patients with GPA and MPA who have achieved disease control with induction treatment, in combination with glucocorticoids is two 500 mg intravenous infusions separated by two weeks, followed by a 500 mg intravenous infusion every 6 months thereafter based on clinical evaluation.

**WARNINGS AND PRECAUTIONS**

[https://www.pi.amgen.com/-/media/Project/Amgen/Repository/pi-amgen-com/Riabni/riabni\\_pi\\_english.pdf](https://www.pi.amgen.com/-/media/Project/Amgen/Repository/pi-amgen-com/Riabni/riabni_pi_english.pdf)

**REQUIRED DOCUMENTATION CHECKLIST:**

- \_\_\_\_ Patient Demographics
- \_\_\_\_ Insurance Card/Information
- \_\_\_\_ Recent labs to **include CBC w/diff + Plts, CMP, HBsAg and anti-HBc** before initiating treatment with RIABNI (rituximab-arrx) and please send any other recent labs
- \_\_\_\_ Recent Progress and Vaccination Status
- \_\_\_\_ Other

**ORDERING PROVIDER**

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

NPI \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_