

## Ruxience (Rituximab-pvvr) Infusion Order

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Diagnosis (please provide ICD10 code): \_\_\_\_\_

Other: \_\_\_\_\_

NKDA  Allergies: \_\_\_\_\_

New Therapy Order  Continuation of Therapy Date of last dose: \_\_\_\_\_

Ordering Provider Name: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### Pre-Medication

- Acetaminophen \_\_\_\_\_ mg by  PO
- Cetirizine \_\_\_\_\_ mg by  PO
- Diphenhydramine \_\_\_\_\_ mg by  PO/  IVP
- Solu-Medrol \_\_\_\_\_ mg by  PO/  IVP
- Solu-Cortef \_\_\_\_\_ mg by  PO/  IVP
- Other: \_\_\_\_\_

### Required Documentation:

- Patient Demographics
- Patient Insurance (med and pharm card copies, front and back)
- Progress Notes/Labs supporting diagnosis
- Hepatitis B Test Results: HBsAg and Total HepB Core Antibody
- Quantiferon lab results
- CD4/CD8
- Other: \_\_\_\_\_

### Patient's height and weight:

Patient Height (cm): \_\_\_\_\_ Patient Weight (kg): \_\_\_\_\_

### Ruxience Medication Order:

- Intravenous Dosing (Please choose one)
  - 500mg
  - 1000mg
  - Other: \_\_\_\_\_
- Frequency (Please choose applicable)
  - 2 doses, 14 days apart
  - Repeat series every 24 weeks
  - Other: \_\_\_\_\_

### Additional Instructions/Notes:

### Patient IV Access

- PIV
- Use patient's SL/DL PICC, flush per protocol
- Access/deaccess patient's Port, flush per protocol
- \*Imaging results of proper placement required for PICC/Port

### Ordering Provider:

Signature: \_\_\_\_\_

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

Provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Best Contact Person in Office: \_\_\_\_\_

Phone: \_\_\_\_\_

### Locations:

- Skokie, IL: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
- Libertyville, IL: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
- Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400