



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

Name \_\_\_\_\_

DOB \_\_\_\_\_ ID# \_\_\_\_\_

Weight \_\_\_\_\_ Date \_\_\_\_\_

## Rituximab (RITUXAN)

Diagnosis: (ICD-10 code) \_\_\_\_\_ - Description \_\_\_\_\_

### For Provider

Ensure patient has baseline CBC and CMP

### Outpatient Medications

### Infusion Medication

**Rituximab (RITUXAN) in 0.9% Sodium Chloride 1 mg/mL IV**

**Dose:** 1,000 mg IV on 1<sup>st</sup> and 15<sup>th</sup> day

**Infusion Schedule:** 2 doses of Rituximab, two weeks apart; additional cycles must be ordered as a new plan

### Pre-Meds

- Methylprednisolone Sodium Succinate (SOLU-MEDROL) injectable  
Dose: 125 mg PO, Once, 30 minutes prior to Rituximab infusion
- Acetaminophen (TYLENOL) tablet  
Dose: 650 mg PO, Once, 30 minutes before Infliximab Infusion; Can be taken during infusion only once if patient complains of headache, achiness, or if feverish
- Cetrizine (ZYRTEC) tablet  
Dose: 10 mg, PO, Once, at least 30 minutes before Infliximab infusion begins

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

### Labs

**Additional Orders**

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_