



# RITUXIMAB

(Rituxan or Biosimilars)

## Order Form

Outpatient Infusion

Patient Name	
DOB	
Address	
Phone	

Order Status       New Order       Renewal       Dose or Frequency Change

Allergies:	Weight: Height: BSA:
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Diagnosis:  
Diagnosis Code:

Required Information	Negative Quantiferon TB, T-spot or chest x-ray (no active disease)	Date:
	Diagnostic Hepatitis B panel	Date:
	Coccidioides Screen/Panel	Date:
	CBC and CMP	Date:

- Required Documentation**
- H&P or progress note supporting diagnosis
  - Medication history
  - Recent labs (as above) and/or diagnostic test results

Labs	<input type="checkbox"/> Hepatic Function panel every 3 months	<input type="checkbox"/> Other:
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- Pre-Medications**
- Diphenhydramine       PO       25 mg       Acetaminophen       325 mg  
                                           IV       50 mg       650 mg  
 Other:

Medication Order		
<input type="checkbox"/> Rituxan (rituximab)	<input type="checkbox"/> 375 mg/ m <sup>2</sup> IV	<input type="checkbox"/> Every ____ weeks for ____ doses
<input type="checkbox"/> Riabni (rituximab-arrx)	<input type="checkbox"/> 500 mg IV (flat dose)	<input type="checkbox"/> Every ____ months for ____ doses
<input type="checkbox"/> Ruxience (rituximab-pvvr)	<input type="checkbox"/> 1000 mg IV (flat dose)	<input type="checkbox"/> Other:
<input type="checkbox"/> Truxima (rituximab-abbs)	<input type="checkbox"/> Other:	
<b>Dose will be rounded up to nearest 100 mg</b>		

Rituxan has several biosimilars. Certain payors may require use of a specific biosimilar. Please select allowed alternative if Rituxan is not covered by payor. If more than one, note preference.

Alternative(s):

**Infusion Reaction Medications**  
Hypersensitivity Reaction Protocol will be utilized unless otherwise specified

Provider (print name):	Date:
Provider Signature:	NPI:
Office Phone:	Office Fax:

# OUTPATIENT INFUSION CENTERS

## Select an Infusion Center below (check box):

- Glendale Infusion Clinic  
6220 W Bell Road, Glendale AZ 85308
- Osborn NSI Infusion Clinic  
7242 E Osborn Road Ste 340, Scottsdale AZ 85251
- Pima Infusion Clinic  
8405 N Pima Center Parkway Ste 201, Scottsdale AZ 85258

## How to Refer:

- Fax the medication order form along with the selected infusion center form and all necessary documentation to central scheduling and call to set up patient information.
  - Central Scheduling Phone: (623) 434-6138
  - Central Scheduling Fax: (602) 331-5765