

McLeod Health

Rituximab (Ruxience) Treatment Plan (Non-Oncology)

Patient Name: _____ DOB: _____

Height (cm): _____ Weight (kg): _____ Allergies: _____

Diagnosis:

• ICD 10 Code: _____ Diagnosis Description: _____

Pre-Medications: **administered 30 minutes prior to infusion**

- None
- Acetaminophen 650 mg PO
- Diphenhydramine: Dose: 25 mg 50 mg Route: PO or IVP
- Methylprednisolone: Dose: 40 mg or 125 mg Route: IVP
- Famotidine: Dose: 20 mg Route: PO or IVPB
- Other (include drug, dose, and route): _____

Drug Orders:

- Rituximab-pvvr (Ruxience) (Q5119) in Sodium Chloride 0.9% to a concentration of 1 mg/mL IV to infuse per protocol
- Dose: 1000 mg 375 mg/m² Other: _____
- Frequency: Once weekly x 4 doses
 - Once every 2 weeks x 2 doses
 - Other: _____
- Patient Appropriate for Rapid-Infusion Rituximab: Yes No

Lab Orders:

Standing Orders:

- Infusion Reaction Protocol (CPOE-1396) will be activated if any hypersensitivity reaction occurs, including anaphylaxis. Infusion will be stopped and physician notified.

Physician Signature: _____ Date: _____

Physician Name: _____ Phone: _____

Pre-Screening Requirements:

- Provide Hepatitis screening (Hepatitis B Surface Antigen and Hepatitis B core antibody) prior to start of therapy

Previous Therapies:

- For new patient referrals, please send history and physical and most recent physician note with completed plan
- If patient has previously received rituximab at another facility, please provide last date received: _____
- If patient has previously received another biologic therapy, please provide the name: _____
and the last date received: _____

Insurance/Authorization Information:

Product Information for Authorization: rituximab-pvvr (Ruxience) (Q5119)

If a different product is requested list name and HCPCS code: _____

Insurance Type: _____

Insurance Authorization Reference Number: _____

Date Obtained: _____ Authorization Valid Until: _____

Additional Notes: _____

Fax completed Treatment Plan with authorization information to McLeod Infusion Services at the number below or call with any questions.

Seacoast: 843-366-2224 (Fax)

843-366-3626 (Phone)