

McLeod Health

Rituximab (Ruxience, Truxima) Treatment Plan (Non-Oncology)

Patient Name: _____ DOB: _____

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

Patient Primary Phone Number: _____

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 (Q5119 or Q5115) 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: _____

• Order Duration: One year unless otherwise specified (Other: _____)

• Patient Appropriate for Rapid-Infusion Rituximab: ☐ Yes ☐ No

Standing Orders:

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

• Appropriate access and line care orders per health system policy

Physician Signature: _____ Date: _____

Physician Name: _____ Phone: _____

Lab Orders:

☐ _____

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 Information:

Insurance Plan Name: _____

Insurance Identification Number: _____

Insurance Customer Service Contact Number: _____

Preferred Treatment Location

- ☐ McLeod Regional Medical Center (Florence) ☐ McLeod Health Loris ☐ McLeod Health Cheraw
☐ McLeod Health Seacoast (Little River) ☐ McLeod Health Dillon ☐ McLeod Health Clarendon (Manning)

Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at medicationaccessteam@mcleodhealth.org.