Corewell Health™

Reset Form

PREFERRED CLINIC: --Select--

Physician's Orders – riTUXimab, Adult

PATIENT INFORMATION

Name: Date of Birth: Phone:

Address: Height: (cm) Weight: (kg)

Anticipated Infusion Date: Allergies:

CLINICAL INFORMATION

Diagnosis code & description (required) ICD-10 Code: ICD-10 Description:

LABS

	Frequency/Duration		Frequency/Duration
☐ CBC w/Differential	_____	☐ Hepatitis B Core Total Antibody	_____
☐ Acute Hepatitis Panel	_____	☐ Beta hCG Quantitative	_____

PRE-MEDICATIONS

☐ Acetaminophen PO ☐ 325 mg ☐ 500 mg ☐ 650 mg ☐ 1000 mg

☐ MethylPREDNIsolone IV ☐ 40 mg ☐ 125 mg ☐ _____ mg

☐ Hydrocortisone sodium succinate IV ☐ 100 mg

☐ DiphenhydrAMINE ☐ PO ☐ IV ☐ 25 mg ☐ 50 mg

☐ DexAMETHasone IV ☐ 4 mg ☐ 8 mg ☐ 10 mg

MEDICATION – RITUXIMAB IV

☐ **Preferred riTUXimab biosimilar** - Corewell Health selects product (Guided by Corewell Health and patient's insurance formulary)

☐ **Dispense as written (DAW)** _____

Dose		Frequency	
☐ 375 mg/m2	☐ 1000 mg	☐ Once	☐ Every 14 days x 2 doses. Repeat every 6 months
☐ 500 mg	☐ _____ mg	☐ Every 7 days for 4 doses	☐ Once every 6 months for 2 doses
		☐ Other _____	

Before start of rituximab infusion, prime 0.9% sodium chloride 250 mL with primary tubing and have available at bedside in case of hypersensitivity or infusion reaction. Do NOT connect this saline with any other intravenous drugs, fluids, or blood products.

Start infusion at 50 mg/hr (25 mL/hr). For patients tolerating the infusion well, the rate of infusion may be increased in increments of 50 mg/hr (25 mL/hr) at intervals of 30 minutes to a maximum rate of 400 mg/hr (200 mL/hr).

SUBSEQUENT INFUSIONS: If patient tolerated initial infusion, start at 100 mg/hour (50 mL/hr); if there is no infusion-related reaction, increase the rate by 100 mg/hour (50 mL/hr) increments every 30 minutes, to a maximum rate of 400 mg/hour (200 mL/hr)

SUPPLEMENTAL ORDERS

☒ Confirm that the appropriate informed consents have been signed and are located in the medical record.
☒ Review prior hepatitis labs and consider repeat screening as indicated.
☒ Pregnancy tests recommended for females aged 12 to 60 with uterus intact
☒ Vital signs every 15 minutes x 2 hours, then hourly throughout infusion (Cycle 1 &2). Subsequent cycles: vital signs with rate changes.
☒ May Initiate IV Catheter Patency Adult Protocol
☒ Hypersensitivity Reaction Adult Oncology Protocol - RN may initiate treatment in the event of a drug related hypersensitivity reaction
☒ HISTORY OF INFUSION REACTION: consider adding CORTICOSTEROID pre-medication prior to riTUXimab or biosimilar
☒ May proceed with treatment if hepatitis B core antibody and surface antigen labs have been resulted prior to the first dose, and the results are negative.

RECOMMENDED DOCUMENTATION: ☐ Insurance Card ☐ Progress Notes ☐ Hep B Core Antibody / Surface Antigen ☐ Pathology Report

PROVIDER INFORMATION

Referring Physician: Phone: Fax:

Address: City: State: Zip Code:

Direct line for urgent questions about patient: Weekend on call phone (if applicable):

_____ **Provider Signature**

_____ **Date**

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