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# Physician's Orders RITUXIMAB (RITUXAN) WITH BIOSIMILAR, WEEKLY TIMES 4, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER

Patient Name

DOB

Anticipated Infusion Date ICD 10 Code with Description	_
Height(cm) Weight(kg) Allergies	
Provider Specialty	
□ Allergy/Immunology □ Infectious Disease □ OB/GYN □ Rheumatology	
□ Cardiology □ Internal Med/Family Practice □ Other □ Surgery	
□ Gastroenterology □ Nephrology □ Otolaryngology □ Urology	
☐ Genetics ☐ Neurology ☐ Pulmonary ☐ Wound Care	
Site of Service	
☐ SH Gerber ☐ SH Lemmen Holton (GR) ☐ SH Pennock ☐ SH United Mem	orial
$\square$ SH Helen DeVos (GR) $\square$ SH Ludington $\square$ SH Reed City $\square$ SH Zeeland	
Treatment Intent	
□ Conditioning □ Curative □ Mobilization □ Supportive	
□ Control □ Maintenance □ Palliative	
Types: NON-ONCOLOGY SUPPORTIVE CARE, ONCOLOGY SUPPORTIVE CARE, ONCOLOGY SUPPOR CARE 2, ONCOLOGY SUPPORTIVE CARE 3, ONCOLOGY TREATMENT  Synonyms: RITUXAN, RITUXIMAB, RITUXIMAB-ABBS, TRUXIMA, RITUXIMAB-PVVR, RUXIENCE, AUTOIMML HEMOLYTIC ANEMIA, GRANULOMATOSIS WITH POLYANGIITIS (WEGENER GRANULOMATOSIS), HODGKIN LYMPHOMA, NODULAR LYMPHOCYTE-PREDOMINATE, ADVANCED, NON-HODGKIN LYMPHOMA, NON-HOD LYMPHOMA (RELAPSED/REFRACTORY, LOW-GRADE OR FOLLICULAR CD20-POSITIVE, B-CELL)	INE
Cycle length: 7	days
Day 1 Perform every 1 da	ıy x1
Provider Reminder	
ONC PROVIDER REMINDER 2	
Interval: Until discontinued Occurrences: 1 Treatment Comments: Confirm that the appropriate informed consents have been signed and are local in the medical record.	ited
Appointment Requests	
ONCBCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST	
Interval: Once Occurrences: 1 Treatment	
Expected: S, Expires: S+365, 210 minutes (calculated), Schedule appointment at most 3 days after	ys
Safety Parameters and Special Instructions	
ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4	
Interval: Until discontinued Occurrences: 1 Treatment Comments: HEPATITIS B VIRUS SURVEILLANCE AND MAINTENANCE RECOMMENDATIONS: Screen prior to treatment. Refer to specialist as warra by serology.	nted
Treatment Parameters	
ONC MONITORING AND HOLD PARAMETERS 3	
Interval: Until discontinued Occurrences: 1 Treatment	

Comments: 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.





DOB MRN

Physician

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## RITUXIMAB (RITUXAN) WITH BIOSIMILAR, **WEEKLY TIMES 4, FOR CHEMOTHERAPY -**

# ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

**Page 2 to 10** Labs **■** ONC PROVIDER REMINDER 28 Interval: Until discontinued Occurrences: 1 Treatment Comments: This patient does not qualify for pregnancy test based on the following criteria: \* Female, aged 12 to 60 years \* Uterus is still intact If you disagree, consider adding a pregnancy test monthly prior to chemotherapy. Selection conditions: Patient could NOT become pregnant Pregnancy tests recommended for Females aged 12 to 60 with Uterus intact. Please order as appropriate for clinical presentation. Interval: Once Occurrences: 1 Treatment Selection conditions: Patient could become pregnant HCG, QUANTITATIVE Interval: Once Occurrences: 1 Treatment Selection conditions: Patient could become pregnant Future: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood Venous **Nursing Orders** ONC NURSING COMMUNICATION 100 Occurrences: 1 Treatment Interval: Until discontinued Comments: May Initiate IV Catheter Patency Adult Protocol **Treatment Parameters** ONC MONITORING AND HOLD PARAMETERS 3 Interval: Until discontinued Occurrences: 1 Treatment Comments: 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. **Pre-Medications** acetaminophen (TYLENOL) tablet Route: Oral Once for 1 dose Dose: Offset: 0 Hours □ 325 mg □ 500 mg □ 650 mg □ 1000 mg Instructions: Administer 30 minutes prior to start of riTUXimab or biosimilar. Maximum dose of



acetaminophen is 4000 mg from all sources in 24 hours.



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## RITUXIMAB (RITUXAN) WITH BIOSIMILAR, **WEEKLY TIMES 4, FOR CHEMOTHERAPY -**ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Page 3 to 10

Pre-	Medications
	■ DIPHENHYDRAMINE (BENADRYL) CHOOSE ONE:
	OdiphenhydrAMINE (BENADRYL) capsule         Dose:       Route: Oral       Once for 1 dose         □ 25 mg       Offset: 0 Minutes         □ 50 mg
	Instructions: Administer 30 minutes prior to start of riTUXimab or biosimilar.
	OdiphenhydrAMINE (BENADRYL) injection         Dose:       Route: Intravenous       Once for 1 dose         □ 25 mg       Offset: 0 Hours         □ 50 mg
	Instructions: Administer 30 minutes prior to start of riTUXimab or biosimilar.
Pre-	Medications
	ONC PROVIDER REMINDER 7
	Interval: Until discontinued Occurrences: 1 Treatment
	Comments: HISTORY OF INFUSION REACTION: consider adding CORTICOSTEROID pre-medication prior to riTUXimab or biosimilar
	Odexamethasone (DECADRON) 10 mg in sodium chloride 0.9 % 52.5 mL IVPB
	Dose: 10 mg Route: Intravenous Once over 10 Minutes for 1 dose Offset: 0 Hours
	Instructions:  For patient with a history of reaction to riTUXimab or biosimilar. Administer 30 minutes prior
	to start of riTUXimab or biosimilar.
	methylPREDNISolone sodium succinate (SOLU-Medrol) injection 125 mg Once for 1 dose
	Dose: 125 mg Route: Intravenous  Office for 1 dose  Office for 1 dose
	Instructions:
	For patient with a history of reaction to riTUXimab or biosimilar. Administer 30 minutes prior to start of riTUXimab or biosimilar. To reconstitute Act-O-Vial: Push top of vial to force diluent into lower compartment, then gently agitate. NON Act-O-Vials may be reconstituted with 2 mL of 0.9% sodium chloride for injection or bacteriostatic water for injection.
	hydrocortisone sodium succinate (PF) injection 100 mg
	Dose: 100 mg Route: Intravenous Once for 1 dose Offset: 0 Hours
	Instructions:
	For patient with a history of reaction to riTUXimab or biosimilar. Administer 30 minutes prior to start of riTUXimab or biosimilar.







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## RITUXIMAB (RITUXAN) WITH BIOSIMILAR, **WEEKLY TIMES 4, FOR CHEMOTHERAPY -**ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Page 4 to

o 10	
Select (TRU Proce	oclonal Antibody  It Either riTUXimab-pvvr (RUXIENCE) (preferred Formulary Product) OrriTUXimab-abbs  XIMA) OR riTUXimab (RITUXAN). Defer to insurance requirements for specific product covered eed with administration based on coverage. If more than one is approved, will confirm with ring provider.
	☐ riTUXimab-abbs (TRUXIMA) 2 mg/mL chemo infusion 375 mg/m²
	Dose: 375 mg/m² Route: Intravenous Titrate @ 25-200 mL/hr for 1 dose Offset: 30 Minutes
	Base Solution:
	☐ Sodium Chloride 0.9%
	□ Dextrose 5%
	Instructions:  Before start of riTUXimab, riTUXimab-abbs, or riTUXimab-pvvr 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

INITIAL INFUSION: 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).

☐ riTUXimab-abbs (TRU	JXIMA) 2 mg/mL chemo	infusion (ACCELERATED INFUSION) 375 r	ng/m²
Dose: 375 mg/m <sup>2</sup>	Route: Intravenous	Titrate over 90 Minutes for 1 dose	

Dose: 375 mg/m<sup>2</sup> Offset: 30 Minutes

#### **Base Solution:**

- ☐ Sodium Chloride 0.9%
- ☐ Dextrose 5%

#### Instructions:

Before start of riTUXimab, riTUXimab-abbs, or riTUXimab-pvvr 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.

ACCELERATED infusion rate (90 minutes): Administer 20% of the dose over 30 minutes, then adjust the rate to complete the remaining 80% over 60 minutes (total 90 minute infusion).

#### ☐ riTUXimab (RITUXAN) 2 mg/mL chemo infusion 375 mg/m²

Titrate @ 25-200 mL/hr for 1 dose Dose: 375 mg/m<sup>2</sup> Route: Intravenous Offset: 30 Minutes

#### **Base Solution:**

- ☐ Sodium Chloride 0.9%
- ☐ Dextrose 5%

#### Instructions:

Before start of riTUXimab, riTUXimab-abbs, or riTUXimab-pvvr 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

INITIAL INFUSION: 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).







DOB

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Patient Name

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RITUXIMAB (RITUXAN) WITH BIOSIMILAR, **WEEKLY TIMES 4, FOR CHEMOTHERAPY -**ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Page	5	to	10
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riTUXimab	(RITUXAN	) 2 mg/mL	chemo infusion	ACCELERATED	INFUSION)	375 mg	ı/m

Dose: 375 mg/m<sup>2</sup> Route: Intravenous Titrate over 90 Minutes for 1 dose

Offset: 30 Minutes

#### **Base Solution:**

- ☐ Sodium Chloride 0.9%
- ☐ Dextrose 5%

#### Instructions:

Before start of riTUXimab, riTUXimab-abbs, or riTUXimab-pvvr 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.

ACCELERATED infusion rate (90 minutes): Administer 20% of the dose over 30 minutes, then adjust the rate to complete the remaining 80% over 60 minutes (total 90 minute infusion).

#### Monoclonal Antibody

#### ONC NURSING COMMUNICATION 20

Interval: Until discontinued Occurrences: 1 Treatment

Comments: CHEMOTHERAPY HYPERSENSITIVITY REACTIONS:

Discontinue the medication infusion immediately.

Activate emergency response for severe or rapidly progressing symptoms. Where available consider calling RAP and have crash cart available. Call 911 or code team (if applicable) as needed for an absence of pulse and respirations. Refer to site specific emergency response policy.

Stay with patient until symptoms have resolved.

Initiate/Continue Oxygen to maintain SpO2 greater than 90% and discontinue Oxygen Therapy to maintain SpO2 above 90%

For severe or rapidly progressing hypersensitivity reaction symptoms, monitor vital signs and pulse oximeter readings every 2-5 minutes until the patient is stable and symtpoms resolve.

Document type of chemotherapy infusing and approximate dose received at time of reaction in the patient medical record. Document allergy to medication attributed with causing reaction in patient medical record. Complete Adverse Drug Reaction form per Pharmacy Clinical Policy.

#### sodium chloride bolus 0.9 % 500 mL

Dose: 500 mL PRN over 30 Minutes Route: Intravenous

Start: S For acute reduction in SBP or DBP by 20

mmHg or more

#### Instructions:

CHEMOTHERAPY HYPERSENSITIVITY REACTIONS: Have 500 ml NS bag at the bedside but not spiked until needed. Using a separate IV set up and tubing (DO NOT use the same IV tubing that was used to administer the medication that caused the reaction).

#### methylPREDNISolone sodium succinate (SOLU-Medrol) injection 125 mg

Dose: 125 mg Once PRN over 5 Minutes Route: Intravenous

Start: S For acute reduction in SBP or DBP by 20

mmHg or more

#### Instructions:

CHEMOTHERAPY HYPERSENSITIVITY REACTIONS. To reconstitute Act-O-Vial: Push top of vial to force diluent into lower compartment, then gently agitate. NON Act-O-Vials may be reconstituted with 2 mL of 0.9% sodium chloride for injection or bacteriostatic water for injection.





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RITUXIMAB (RITUXAN) WITH BIOSIMILAR, WEEKLY TIMES 4, FOR CHEMOTHERAPY -

ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)* Page 6 to 10

Cycles	2 to 4	Repeat 3 times	Cycle length: 7 days
-	Day 1	Tropodito anno	Perform every 1 day x1
	Р	rovider Reminder	
		ONC PROVIDER REMINDER 2	
		Interval: Until discontinued	Occurrences: 3 Treatments
		Comments: Confirm that the appropriate informed	d consents have been signed and are located
		in the medical record.	
	A	ppointment Requests	
		ONCBCN CALCULATED LENGTH INFUSION A	PPOINTMENT REQUEST
		Interval: Once Occurrences: 3 Treatmet	
		Expected: S, Expires: S+365, 210 minutes (calcul-	
		before or at most 3 days after	
	N	ursing Orders	
	IN	ONC NURSING COMMUNICATION 4	
			Occurrences: 3 Treatments
		Comments: If initial infusion tolerated well please	
		rate for subsequent infusion of riTUX	
	N	ursing Orders	
		ONC NURSING COMMUNICATION 100	
		Interval: Until discontinued Comments: May Initiate IV Catheter Patency Adu	Occurrences: 3 Treatments
	Р	re-Medications	100001
	i	acetaminophen (TYLENOL) tablet	
			Once for 1 dose
			Offset: 0 Hours
		□ 500 mg	
		□ 650 mg	
		□ 1000 mg	
		Instructions:	
		Administer 30 minutes prior to start of riTUXima	
	D	acetaminophen is 4000 mg from all sources in 2 re-Medications	4 nours.
			OSE ONE.
		□ DIPHENHYDRAMINE (BENADRYL) CHO	JSE ONE:
		odiphenhydrAMINE (BENADRYL) capsule	
			Once for 1 dose
		_ 20g	Offset: 0 Minutes
		□ 50 mg	
		Instructions:	
		Administer 30 minutes prior to start of riTUXima	b or biosimilar.
		diphenhydrAMINE (BENADRYL) injection	
			Once for 1 dose
		□ 05 m a	Offeet: 0 Hours
		□ 25 mg	Offset: 0 Hours
		☐ 25 mg ☐ 50 mg Instructions:	Offset: 0 Hours





DOB

MRN Physician

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## RITUXIMAB (RITUXAN) WITH BIOSIMILAR, **WEEKLY TIMES 4, FOR CHEMOTHERAPY -**ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Page 7 to 10

Pre-M	Medications		
	ONC PROVIDER REMINDER	R 7	
	Interval: Until discontinued		Occurrences: 3 Treatments
			ON: consider adding CORTICOSTEROID
	pre-medication p	orior to riTUXimab	or biosimilar
	O dexamethasone (DECADRO	N) 10 ma in sodiı	um chloride 0.9 % 52.5 mL IVPB
		e: Intravenous	Once over 10 Minutes for 1 dose
	lu atmostia u a		Offset: 0 Hours
	Instructions:  For patient with a history of	reaction to riTUXir	mab or biosimilar. Administer 30 minutes prior
	to start of riTUXimab or bio		·
	methylPREDNISolone sodiu	ım succinate (SO	LU-Medrol) injection 125 mg
	Dose: 125 mg Rout	e: Intravenous	Once for 1 dose Offset: 0 Hours
	Instructions:		Oliset. O Hours
			mab or biosimilar. Administer 30 minutes prior
			itute Act-O-Vial: Push top of vial to force gitate. NON Act-O-Vials may be reconstituted
			n or bacteriostatic water for injection.
	hydrocortisone sodium suc	cinate (PF) inject	ion 100 mg
	Dose: 100 mg Rout	e: Intravenous	Once for 1 dose
	_		Offset: 0 Hours
	Instructions: For patient with a history of		Offset: 0 Hours mab or biosimilar. Administer 30 minutes prior
	Instructions: For patient with a history of to start of riTUXimab or bios		
	Instructions: For patient with a history of to start of riTUXimab or bios polonal Antibody	similar.	mab or biosimilar. Administer 30 minutes prior
Select	Instructions: For patient with a history of to start of riTUXimab or bios bolonal Antibody ct Either riTUXimab-pvvr (RUXIEN)	similar. CE) ((PREFERREI	mab or biosimilar. Administer 30 minutes prior
Select riTUX produ	Instructions: For patient with a history of to start of riTUXimab or bios clonal Antibody ct Either riTUXimab-pvvr (RUXIEN Kimab-abbs (TRUXIMA) OR riTUXi uct covered. Proceed with adminis	similar. CE) ((PREFERREI mab (RITUXAN). I	mab or biosimilar. Administer 30 minutes prior  D FORMULARY PRODUCT) Or
Select riTUX produ	Instructions: For patient with a history of to start of riTUXimab or bios clonal Antibody ct Either riTUXimab-pvvr (RUXIEN Kimab-abbs (TRUXIMA) OR riTUXi uct covered. Proceed with adminis	similar. CE) ((PREFERREI mab (RITUXAN). I stration based on	mab or biosimilar. Administer 30 minutes prior  D FORMULARY PRODUCT) Or  Defer to insurance requirements for specific a coverage. If more than one is approved, will
Select riTUX produ	Instructions: For patient with a history of to start of riTUXimab or bios pclonal Antibody ct Either riTUXimab-pvvr (RUXIEN) Kimab-abbs (TRUXIMA) OR riTUXi uct covered. Proceed with adminis irm with ordering provider.  riTUXimab-pvvr (RUXIENCE	similar.  CE) ((PREFERREI  mab (RITUXAN). I  stration based on  :) 2 mg/mL chemo	D FORMULARY PRODUCT) Or Defer to insurance requirements for specific a coverage. If more than one is approved, will to infusion 375 mg/m²
Select riTUX produ	Instructions: For patient with a history of to start of riTUXimab or bios pclonal Antibody ct Either riTUXimab-pvvr (RUXIEN Kimab-abbs (TRUXIMA) OR riTUXi uct covered. Proceed with adminis irm with ordering provider.  riTUXimab-pvvr (RUXIENCE	similar. CE) ((PREFERREI mab (RITUXAN). I stration based on	mab or biosimilar. Administer 30 minutes prior  D FORMULARY PRODUCT) Or  Defer to insurance requirements for specific a coverage. If more than one is approved, will
Select riTUX produ	Instructions: For patient with a history of to start of riTUXimab or biosocional Antibody of Either riTUXimab-pvvr (RUXIEN/Kimab-abbs (TRUXIMA) OR riTUXimuct covered. Proceed with adminisirm with ordering provider.  irm vith ordering provider.  oriTUXimab-pvvr (RUXIENCE Dose: 375 mg/m²  Rout	similar.  CE) ((PREFERREI  mab (RITUXAN). I  stration based on  :) 2 mg/mL chemo	mab or biosimilar. Administer 30 minutes prior  D FORMULARY PRODUCT) Or  Defer to insurance requirements for specific a coverage. If more than one is approved, will to infusion 375 mg/m²  Titrate @ 25-200 mL/hr for 1 dose
Select riTUX produ	Instructions: For patient with a history of to start of riTUXimab or bios pclonal Antibody ct Either riTUXimab-pvvr (RUXIEN) Kimab-abbs (TRUXIMA) OR riTUXi uct covered. Proceed with adminis irm with ordering provider.  riTUXimab-pvvr (RUXIENCE	similar.  CE) ((PREFERREI  mab (RITUXAN). I  stration based on  :) 2 mg/mL chemo	mab or biosimilar. Administer 30 minutes prior  D FORMULARY PRODUCT) Or  Defer to insurance requirements for specific a coverage. If more than one is approved, will to infusion 375 mg/m²  Titrate @ 25-200 mL/hr for 1 dose
Select riTUX produ	Instructions: For patient with a history of to start of riTUXimab or biosocional Antibody ct Either riTUXimab-pvvr (RUXIEN/Kimab-abbs (TRUXIMA) OR riTUXimuct covered. Proceed with adminisirm with ordering provider.  irm vith ordering provider.  oriTUXimab-pvvr (RUXIENCE Dose: 375 mg/m² Rout	similar.  CE) ((PREFERREI  mab (RITUXAN). I  stration based on  :) 2 mg/mL chemo	mab or biosimilar. Administer 30 minutes prior  D FORMULARY PRODUCT) Or  Defer to insurance requirements for specific a coverage. If more than one is approved, will to infusion 375 mg/m²  Titrate @ 25-200 mL/hr for 1 dose
Select riTUX produ	Instructions: For patient with a history of to start of riTUXimab or biosoclonal Antibody ct Either riTUXimab-pvvr (RUXIEN/Kimab-abbs (TRUXIMA) OR riTUXimuct covered. Proceed with administrm with ordering provider.  oriTUXimab-pvvr (RUXIENCE Dose: 375 mg/m² Rout  Base Solution: Sodium Chloride 0.9% Dextrose 5%	similar.  CE) ((PREFERREI  mab (RITUXAN). I  stration based on  :) 2 mg/mL chemo	mab or biosimilar. Administer 30 minutes prior  D FORMULARY PRODUCT) Or  Defer to insurance requirements for specific a coverage. If more than one is approved, will to infusion 375 mg/m²  Titrate @ 25-200 mL/hr for 1 dose
Select riTUX produ	Instructions: For patient with a history of to start of riTUXimab or biosoclonal Antibody ct Either riTUXimab-pvvr (RUXIEN/Kimab-abbs (TRUXIMA) OR riTUXimuct covered. Proceed with administrm with ordering provider.  irm vith ordering provider.  riTUXimab-pvvr (RUXIENCE Dose: 375 mg/m² Rout  Base Solution: Sodium Chloride 0.9% Dextrose 5% Instructions:	similar.  CE) ((PREFERREI mab (RITUXAN). I stration based on  E) 2 mg/mL chemo e: Intravenous	mab or biosimilar. Administer 30 minutes prior  D FORMULARY PRODUCT) Or  Defer to insurance requirements for specific a coverage. If more than one is approved, will to infusion 375 mg/m²  Titrate @ 25-200 mL/hr for 1 dose
Select riTUX produ	Instructions: For patient with a history of to start of riTUXimab or biosoclonal Antibody ct Either riTUXimab-pvvr (RUXIEN/Kimab-abbs (TRUXIMA) OR riTUXimuct covered. Proceed with administrm with ordering provider.  irm vith ordering provider.  riTUXimab-pvvr (RUXIENCE Dose: 375 mg/m² Rout  Base Solution: Sodium Chloride 0.9% Dextrose 5%  Instructions: Before start of riTUXimab, rehloride 250 mL with primal	similar.  CE) ((PREFERREI mab (RITUXAN). I stration based on E) 2 mg/mL chemote: Intravenous  iTUXimab-abbs, on the stration of the stration based on the	mab or biosimilar. Administer 30 minutes prior  D FORMULARY PRODUCT) Or Defer to insurance requirements for specific a coverage. If more than one is approved, will to infusion 375 mg/m² Titrate @ 25-200 mL/hr for 1 dose Offset: 30 Minutes  TriTUXimab-pvvr infusion, prime 0.9% sodium available at bedside in case of hypersensitivity
Select riTUX produ	Instructions: For patient with a history of to start of riTUXimab or biosoclonal Antibody ct Either riTUXimab-pvvr (RUXIEN/Kimab-abbs (TRUXIMA) OR riTUXimuct covered. Proceed with administry with ordering provider.  irm with ordering provider.  riTUXimab-pvvr (RUXIENCE Dose: 375 mg/m² Rout  Base Solution: Sodium Chloride 0.9% Dextrose 5%  Instructions: Before start of riTUXimab, rehloride 250 mL with primal or infusion reaction. Do NO	similar.  CE) ((PREFERREI mab (RITUXAN). I stration based on E) 2 mg/mL chemote: Intravenous  iTUXimab-abbs, on the stration of the stration based on the	mab or biosimilar. Administer 30 minutes prior  D FORMULARY PRODUCT) Or Defer to insurance requirements for specific a coverage. If more than one is approved, will to infusion 375 mg/m² Titrate @ 25-200 mL/hr for 1 dose Offset: 30 Minutes
Select riTUX produ	Instructions: For patient with a history of to start of riTUXimab or biosoclonal Antibody ct Either riTUXimab-pvvr (RUXIENGIMA)-abbs (TRUXIMA) OR riTUXimuct covered. Proceed with administry with ordering provider.  irm with ordering provider.  riTUXimab-pvvr (RUXIENCE Dose: 375 mg/m² Rout  Base Solution: Sodium Chloride 0.9% Dextrose 5%  Instructions: Before start of riTUXimab, richloride 250 mL with primation infusion reaction. Do NO blood products.	ce) ((PREFERREI mab (RITUXAN). I stration based on e) 2 mg/mL chemo e: Intravenous	D FORMULARY PRODUCT) Or Defer to insurance requirements for specific a coverage. If more than one is approved, will to infusion 375 mg/m² Titrate @ 25-200 mL/hr for 1 dose Offset: 30 Minutes  Trituximab-pvvr infusion, prime 0.9% sodium available at bedside in case of hypersensitivity ne with any other intravenous drugs, fluids, or
Select riTUX produ	Instructions: For patient with a history of to start of riTUXimab or biosocional Antibody Ct Either riTUXimab-pvvr (RUXIENG Kimab-abbs (TRUXIMA) OR riTUXimuct covered. Proceed with administry with ordering provider.  Instructions: Sodium Chloride 0.9% Dextrose 5%  Instructions: Before start of riTUXimab, richloride 250 mL with primary or infusion reaction. Do NO blood products.  INITIAL INFUSION: Start in	cE) ((PREFERREI mab (RITUXAN). I stration based on E) 2 mg/mL chemote: Intravenous  iTUXimab-abbs, or tubing and have T connect this salir fusion at 50 mg/hr	D FORMULARY PRODUCT) Or Defer to insurance requirements for specific a coverage. If more than one is approved, will to infusion 375 mg/m² Titrate @ 25-200 mL/hr for 1 dose Offset: 30 Minutes  Trituximab-pvvr infusion, prime 0.9% sodium available at bedside in case of hypersensitivity ne with any other intravenous drugs, fluids, or
Select riTUX produ	Instructions: For patient with a history of to start of riTUXimab or biosocional Antibody Ct Either riTUXimab-pvvr (RUXIENG Kimab-abbs (TRUXIMA) OR riTUXimuct covered. Proceed with administry with ordering provider.  Instructions: Sodium Chloride 0.9% Dextrose 5%  Instructions: Before start of riTUXimab, richloride 250 mL with primary or infusion reaction. Do NO blood products.  INITIAL INFUSION: Start in	cE) ((PREFERREI mab (RITUXAN). I stration based on E) 2 mg/mL chemo e: Intravenous  iTUXimab-abbs, or tubing and have T connect this salir fusion at 50 mg/hr y be increased in i	D FORMULARY PRODUCT) Or Defer to insurance requirements for specific a coverage. If more than one is approved, will to infusion 375 mg/m² Titrate @ 25-200 mL/hr for 1 dose Offset: 30 Minutes  Trituximab-pvvr infusion, prime 0.9% sodium available at bedside in case of hypersensitivity ne with any other intravenous drugs, fluids, or (25 mL/hr). For patients tolerating the infusion increments of 50 mg/hr (25 mL/hr) at intervals of
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DOB MRN

Physician

FIN

## RITUXIMAB (RITUXAN) WITH BIOSIMILAR, **WEEKLY TIMES 4, FOR CHEMOTHERAPY -**ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Page 8 to 10

	Base Solution:  ☐ Sodium Chloride 0.9%  ☐ Dextrose 5%
	Instructions:  Before start of riTUXimab, riTUXimab-abbs, or riTUXimab-pvvr 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.
	ACCELERATED infusion rate (90 minutes): Administer 20% of the dose over 30 minutes, then adjust the rate to complete the remaining 80% over 60 minutes (total 90 minute infusion).
Mono	clonal Antibody
	riTUXimab-abbs (TRUXIMA) 2 mg/mL chemo infusion 375 mg/m²
	Dose: 375 mg/m² Route: Intravenous Titrate @ 25-200 mL/hr for 1 dose Offset: 30 Minutes
	Base Solution:  ☐ Sodium Chloride 0.9%  ☐ Dextrose 5%
	Instructions: Before start of riTUXimab, riTUXimab-abbs, or riTUXimab-pvvr 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.
	INITIAL INFUSION: 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).
	☐ riTUXimab-abbs (TRUXIMA) 2 mg/mL chemo infusion (ACCELERATED INFUSION) 375 mg/m²  Dose: 375 mg/m² Route: Intravenous Titrate over 90 Minutes for 1 dose  Offset: 30 Minutes
	Base Solution:  ☐ Sodium Chloride 0.9%  ☐ Dextrose 5%
	Instructions:  Before start of riTUXimab, riTUXimab-abbs, or riTUXimab-pvvr 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.
	ACCELERATED infusion rate (90 minutes): Administer 20% of the dose over 30 minutes, then adjust the rate to complete the remaining 80% over 60 minutes (total 90 minute infusion).
	☐ riTUXimab (RITUXAN) 2 mg/mL chemo infusion 375 mg/m²
	Dose: 375 mg/m² Route: Intravenous Titrate @ 25-200 mL/hr for 1 dose Offset: 30 Minutes
	Base Solution:





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## RITUXIMAB (RITUXAN) WITH BIOSIMILAR. **WEEKLY TIMES 4, FOR CHEMOTHERAPY -**ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

**Page 9 to 10** 

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#### Instructions:

Before start of riTUXimab, riTUXimab-abbs, or riTUXimab-pvvr 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.

INITIAL INFUSION: 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).

#### ☐ riTUXimab (RITUXAN) 2 mg/mL chemo infusion (ACCELERATED INFUSION) 375 mg/m²

Dose: 375 mg/m<sup>2</sup>

Route: Intravenous

Titrate over 90 Minutes for 1 dose

Offset: 30 Minutes

#### **Base Solution:**

- ☐ Sodium Chloride 0.9%
- ☐ Dextrose 5%

#### Instructions:

Before start of riTUXimab, riTUXimab-abbs, or riTUXimab-pvvr 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.

ACCELERATED infusion rate (90 minutes): Administer 20% of the dose over 30 minutes, then adjust the rate to complete the remaining 80% over 60 minutes (total 90 minute infusion).

#### Monoclonal Antibody

#### **ONC NURSING COMMUNICATION 20**

Interval: Until discontinued Occurrences: 3 Treatments Comments: CHEMOTHERAPY HYPERSENSITIVITY REACTIONS:

Discontinue the medication infusion immediately.

Activate emergency response for severe or rapidly progressing symptoms. Where available consider calling RAP and have crash cart available. Call 911 or code team (if applicable) as needed for an absence of pulse and respirations. Refer to site specific emergency response policy.

Stay with patient until symptoms have resolved.

Initiate/Continue Oxygen to maintain SpO2 greater than 90% and discontinue Oxygen Therapy to maintain SpO2 above 90%

For severe or rapidly progressing hypersensitivity reaction symptoms, monitor vital signs and pulse oximeter readings every 2-5 minutes until the patient is stable and symtpoms resolve.

Document type of chemotherapy infusing and approximate dose received at time of reaction in the patient medical record. Document allergy to medication attributed with causing reaction in patient medical record. Complete Adverse Drug Reaction form per Pharmacy Clinical Policy.







Patient Name DOB MRN Physician FIN

RITUXIMAB (RITUXAN) WITH BIOSIMILAR, **WEEKLY TIMES 4, FOR CHEMOTHERAPY -**ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Page 10 to 10

sodium chloride bolus 0.9 % 500 mL

Dose: 500 mL Route: Intravenous Start: S

PRN over 30 Minutes

For acute reduction in SBP or DBP by 20

mmHg or more

Instructions:

CHEMOTHERAPY HYPERSENSITIVITY REACTIONS: Have 500 ml NS bag at the bedside but not spiked until needed. Using a separate IV set up and tubing (DO NOT use the same IV tubing that was used to administer the medication that caused the reaction).

methylPREDNISolone sodium succinate (SOLU-Medrol) injection 125 mg

Dose: 125 mg Start: S

Route: Intravenous

Once PRN over 5 Minutes

For acute reduction in SBP or DBP by 20

mmHg or more

Instructions:

CHEMOTHERAPY HYPERSENSITIVITY REACTIONS. To reconstitute Act-O-Vial: Push top of vial to force diluent into lower compartment, then gently agitate. NON Act-O-Vials may be reconstituted with 2 mL of 0.9% sodium chloride for injection or bacteriostatic water for injection.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

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TRANSCRIBED:		VALIDATED:		ORDERED:				
	TIME	DATE	TIME	DATE	TIME	DATE	Pager #	
		Sign		R.N. Sign		Physician Print		Physician

EPIC VERSION DATE: 07/16/20