Spectrum Health

Patient Name
DOB
MRN
Physician
FIN

Physician's Orders
RITUXIMAB (RITUXAN) WITH BIOSIMILAR, EVERY 14 DAYS TIMES 2, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER

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 Memorial
☐ SH Helen DeVos (GR)	☐ SH Ludington	☐ SH Reed City	☐ SH Zeeland

Treatment Intent

☐ Conditioning	☐ Curative	☐ Mobilization	☐ Supportive
☐ Control	☐Maintenance	☐ Palliative	

Types: NON-ONCOLOGY SUPPORTIVE CARE
Synonyms: RITUXAN, RHEUMATOLOGY, RITUXIMAB, RITUXIMAB-PVVR, RITUXIMAB-ABBS, RUXIENCE, TRUXIMA

Cycle 1 — Cycle length: 168 days

Day 1 — Perform every 1 day x1

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 before or at most 3 days after

Safety Parameters and Special Instructions

◉ **ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 3**

Interval: Until discontinued Occurrences: 1 Treatment

Comments: RITUXIMAB DOSING INTERVAL - Rheumatoid arthritis: IV: 1,000 mg on days 1 and 15 (in combination with methotrexate); subsequent courses may be administered every 24 weeks (based on clinical evaluation), if necessary, may be repeated no sooner than every 16 weeks

See dosing guidelines for other clinical indications as there are variations in dosing interval depending on clinical indication.

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 warranted by serology.

CONTINUED ON PAGE 2 ➔

NOTE: ***Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.***

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RITUXIMAB (RITUXAN) WITH BIOSIMILAR, EVERY 14 DAYS TIMES 2, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

Labs

◉ **HEPATITIS B SURFACE ANTIGEN**

Interval: Once Occurrences: 1 Treatment
Future: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood Venous
Comments: Prior to starting treatment

◉ **HEP B CORE TOTAL AB**

Interval: Once Occurrences: 1 Treatment
Future: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood Venous
Comments: Prior to starting treatment

Labs

◉ **COMPLETE BLOOD COUNT (CBC) W/DIFFERENTIAL**

Interval: Once Occurrences: Once
Future: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous

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

▣ **HCG, QUANTITATIVE**

Interval: Once Occurrences: 1 Treatment
Selection conditions: Patient could become pregnant

◯ **HCG, QUANTITATIVE**

Interval: Once Occurrences: 1 Treatment
Future: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood Venous

Nursing Orders

◉ **ONC NURSING COMMUNICATION 100**

Interval: Until discontinued Occurrences: 1 Treatment

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.

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RITUXIMAB (RITUXAN) WITH BIOSIMILAR, EVERY 14 DAYS TIMES 2, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

Pre-Medications

◉ **acetaminophen (TYLENOL) tablet**

Dose:
☐ 325 mg
☐ 500 mg
☐ 650 mg
☐ 1000 mg

Route: Oral

Once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to start of riTUXimab or biosimilar. Maximum dose of acetaminophen is 4000 mg from all sources in 24 hours.

◉ **diphenhydrAMINE (BENADRYL) injection**

Dose:
☐ 25 mg
☐ 50 mg

Route: Intravenous

Once for 1 dose
Offset: 0 Hours

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

◯ **dexamethasone (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**

Dose: 125 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. 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, EVERY 14 DAYS TIMES 2, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

Monoclonal Antibody

Select Either riTUXimab-pvvr (RUXIENCE) (PREFERRED FORMULARY PRODUCT) Or riTUXimab-abbs (TRUXIMA) OR riTUXimab (RITUXAN). Defer to insurance requirements for specific product covered. Proceed with administration based on coverage. If more than one is approved, will confirm with ordering provider.

◉ **riTUXimab-pvvr (RUXIENCE) 2 mg/mL chemo infusion 1,000 mg**

Dose: 1,000 mg Route: Intravenous Titrate @ 25-200 mL/hr for 1 dose
Offset: 30 Minutes

Base Solution:
☐ Sodium Chloride 0.9%, 400 mL
☐ Dextrose 5%, 400 mL

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 1,000 mg**

Dose: 1,000 mg Route: Intravenous Titrate @ 25-200 mL/hr for 1 dose
Offset: 30 Minutes

Base Solution:
☐ Sodium Chloride 0.9%, 400 mL
☐ Dextrose 5%, 400 mL

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).

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◯ **riTUXimab (RITUXAN) 2 mg/mL chemo infusion 1,000 mg**

Dose: 1,000 mg | Route: Intravenous | Titrate @ 25-200 mL/hr for 1 dose
Offset: 30 Minutes

Base Solution:
☐ Sodium Chloride 0.9%, 400 mL
☐ Dextrose 5%, 400 mL

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).

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 symptoms 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 | Route: Intravenous | PRN over 30 Minutes
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).

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methylPREDNISolone sodium succinate (SOLU-Medrol) injection 125 mg

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

Refer to IV Push policy for maximum IV Push dose and rate. Do not administer doses greater than 125 mg by IV Push.

Day 15 Perform every 1 day x1

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 before or at most 3 days after

Safety Parameters and Special Instructions

ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 3

Interval: Until discontinued Occurrences: 1 Treatment

Comments: RITUXIMAB DOSING INTERVAL - Rheumatoid arthritis: IV: 1,000 mg on days 1 and 15 (in combination with methotrexate); subsequent courses may be administered every 24 weeks (based on clinical evaluation), if necessary may be repeated no sooner than every 16 weeks

See dosing guidelines for other clinical indications as there variations in dosing interval depending on clinical indication.

Labs

COMPLETE BLOOD COUNT (CBC) W/DIFFERENTIAL

Interval: Once Occurrences: Once
Future: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous

Nursing Orders

ONC NURSING COMMUNICATION 9

Interval: Until discontinued Occurrences: 1 Treatment
Comments: Check that labs indicated for THIS Treatment Cycle have been drawn within the last 96 hours or draw them in clinic prior to beginning treatment.

ONC NURSING COMMUNICATION 200

Interval: Until discontinued Occurrences: 1 Treatment
Comments: May Initiate IV Catheter Patency Adult Protocol.

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Spectrum Health

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RITUXIMAB (RITUXAN) WITH BIOSIMILAR, EVERY 14 DAYS TIMES 2, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

Page 7 to 10

Pre-Medications

◉ **acetaminophen (TYLENOL) tablet**

Dose: ☐ 325 mg ☐ 500 mg ☐ 650 mg ☐ 1000 mg
Route: Oral
Once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to start of riTUXimab or biosimilar. Maximum dose of acetaminophen is 4000 mg from all sources in 24 hours.

◉ **diphenhydrAMINE (BENADRYL) injection**

Dose: ☐ 25 mg ☐ 50 mg
Route: Intravenous
Once for 1 dose
Offset: 0 Hours

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

◯ **dexamethasone (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**

Dose: 125 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. 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.
Refer to IV Push policy for maximum IV Push dose and rate. Do not administer doses greater than 125 mg by IV Push.

◯ **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, EVERY 14 DAYS TIMES 2, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

Monoclonal Antibody

Select Either riTUXimab-pvvr (RUXIENCE) (PREFERRED FORMULARY PRODUCT) Or riTUXimab-abbs (TRUXIMA) OR riTUXimab (RITUXAN). Defer to insurance requirements for specific product covered. Proceed with administration based on coverage. If more than one is approved, will confirm with ordering provider.

◉ **riTUXimab-pvvr (RUXIENCE) 2 mg/mL chemo infusion 1,000 mg**

Dose: 1,000 mg Route: Intravenous Titrate @ 25-200 mL/hr for 1 dose
Offset: 30 Minutes

Base Solution:
☐ Sodium Chloride 0.9%, 400 mL
☐ Dextrose 5%, 400 mL

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 1,000 mg**

Dose: 1,000 mg Route: Intravenous Titrate @ 25-200 mL/hr for 1 dose
Offset: 30 Minutes

Base Solution:
☐ Sodium Chloride 0.9%, 400 mL
☐ Dextrose 5%, 400 mL

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).

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◯ **riTUXimab (RITUXAN) 2 mg/mL chemo infusion 1,000 mg**
Dose: 1,000 mg Route: Intravenous Titrate @ 25-200 mL/hr for 1 dose
Offset: 30 Minutes

Base Solution:
☐ Sodium Chloride 0.9%, 400 mL
☐ Dextrose 5%, 400 mL

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.

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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 Route: Intravenous PRN over 30 Minutes
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).

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Spectrum Health

Patient Name
DOB
MRN
Physician
FIN

RITUXIMAB (RITUXAN) WITH BIOSIMILAR, EVERY 14 DAYS TIMES 2, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

methylPREDNISolone sodium succinate (SOLU-Medrol) injection 125 mg

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

Refer to IV Push policy for maximum IV Push dose and rate. Do not administer doses greater than 125 mg by IV Push.

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.

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

EPIC VERSION DATE: 07/16/20

