

Rituximab (Rituxan, Truxima, Ruxience)

Provider Order Form rev. 1/26/2026



- Saint Cloud, FL
- Lake Mary-Sanford, FL
- Nashville, TN
- Gallatin, TN

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Date: _____ Patient Name: _____ DOB: _____

ICD-10 code (required): _____ ICD-10 description: _____

NKDA Allergies: _____ Weight (lbs/kg): _____ Height: _____

Patient Status: New to Therapy Continuing Therapy Last Treatment Date: _____ Next Due Date: _____

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

NURSING

- Provide nursing care per IVCARE INFUSION Nursing Procedures, including reaction management and post-procedure observation
- Hepatitis B status and date (Please provide results)

PRE-MEDICATION ORDERS

The following are manufacturer recommended premedication regimens:

- acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO
- methylprednisolone (Solu-Medrol) 40mg / 125mg IV
- diphenhydramine (Benadryl) 25mg / 50mg PO / IV

ADDITIONAL PRE-MEDICATION ORDERS

- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- Other: _____
Dose: _____ Route: _____
- Frequency: _____

LABORATORY ORDERS

- CBC at each dose every _____
- CMP at each dose every _____
- CRP at each dose every _____
- Other: _____

THERAPY ADMINISTRATION

Many payors require patients start therapy with a rituximab biosimilar. Choose ONE of these two options:

- 1. Infuse rituximab (Rituxan) OR rituximab biosimilar as required by patient's insurance.
- 2. Infuse this rituximab product (subject to prior authorization):

(Products include: Rituxan, Truxima, and Ruxience)

Mix 0.9% sodium chloride or D5W to final concentration of 1- 4mg/ml

Dose: 1000mg / _____ mg

Mix in: 500ml / 250ml

Frequency: On Series Day 0 and Series Day 14; repeat series every 24 weeks

Other: _____

Infusion rate: First infusion in series: 50mg/hr, increasing every 30 minutes by 50mg/hr to maximum of 400mg/hr

Subsequent infusion in series: 100mg/hr, increasing every 30 minutes by 100mg/hr to maximum of 400mg

Flush with 0.9% sodium chloride at infusion completion

Monitor patient for 30 minutes post infusion

Refills: Zero / for 12 months _____

(if not indicated order will expire one year from date signed)

SPECIAL INSTRUCTIONS

Pre-medicate patients with an antihistamine and acetaminophen prior to dosing. For RA and PV patients, methylprednisolone 100 mg intravenously or its equivalent is recommended 30 minutes prior to each infusion. Screen all patients for HBV infection by measuring HBsAg and anti-HBc before initiating treatment with RITUXAN. For patients who show evidence of prior hepatitis B infection (HBsAg positive [regardless of antibody status] or HBsAg negative but anti-HBc positive), consult with physicians with expertise in managing hepatitis B regarding monitoring and consideration for HBV antiviral therapy before and/or during RITUXAN treatment.

Provider Name (Print) _____

Provider Signature _____

Date _____

TN

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