MONTGOMERY CANCER CENTER
A BAPTIST MEDICAL CENTER SOUTH FACILITY

MEDICATION ORDERS

RITUXIMAB **(RITUXAN)**

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS

❑ New Referral ❑ Dose or Frequency Change ❑ Order Renewal

INFUSION OFFICE PREFERENCE (Optional)

Preferred Location: ❑ Montgomery ❑ Prattville

DIAGNOSIS AND ICD 10 CODE

❑ Rheumatoid Arthritis	ICD 10 Code: M06.9
❑ Chronic Lymphocytic Leukemia	ICD 10 Code: C91.10
❑ Other:_____	ICD10 Code: _____

REQUIRED DOCUMENTATION/TESTING

❑ This signed order form by the provider	❑ Clinical/Progress notes supporting primary diagnosis
❑ Patient demographics AND insurance information	❑ Labs and Tests supporting primary diagnosis
❑ Hepatitis B Test Results: HBsAg, Total HepB Core Antibody	

List Tried & Failed Therapies, including duration of treatment:

1)

2)

MEDICATION ORDERS

❑ Rituxan 1000mg IV every 14 days for two doses ONLY

❑ Rituxan 1000mg IV every 14 days for two doses; repeat every 6 months

❑ Rituxan 1000mg IV once ❑ Rituxan 375mg/m^2 IV every _____

Refills: ❑ None ❑ x 6 months ❑ x 1 year ❑ OTHER: _____

** Order will expire one year from date signed.

- New orders and progress notes required at least once yearly. A medication substitution may be required based on insurance payer policy due to preferred versus non-preferred medications or based on payer step therapy guidelines.
- Please note: if an infusion reaction occurs, the Montgomery Cancer Center provider will order appropriate rescue medications as deemed medically necessary. This may also include pausing, reducing the rate of infusion or discontinuing the medication.

PREMEDICATIONS

✓ acetaminophen (Tylenol) 1000mg PO, 30 minutes prior to Rituxan infusion
✓ diphenhydramine (Benadryl) 50mg IVPB, 30 minutes prior to Rituxan infusion (decrease Benadryl to 25mg IVP for patients over 65 years old)
✓ famotidine (Pepcid) 20mg IVP, 30 minutes prior to Rituxan infusion
✓ methylprednisolone (Solu-Medrol) 125mg IVPB 30 minutes prior to Rituxan infusion
❑ Other: _____

SPECIAL INSTRUCTIONS

PROVIDER INFORMATION			
Office Contact Name:			
Prescribing Providers Name:		Provider NPI:	
Office Address:	City:	State:	Zip:
Office Phone Number:	Office Fax Number:		
Physician Signature:	Date:		

Contact us with questions at: Montgomery (334) 273-7000 or Prattville (334) 351-1000

Fax completed form and all documentation to Montgomery (334) 260-2011 or Prattville (334) 358-1207