

Phone: 800-809-1265

STANDARD RITUXAN PLAN OF TREATMENT

(Re)Certification Period From _____ to _____

NOTE: Patient is *ineligible* to receive Rituximab if receiving antibiotic for active infectious process due to the possibility of developing a superinfection related to its effect on the immune status, or has a suspected infectious process.

Patients Name _____ Ht _____ Wt _____ Allergies: _____

DIAGNOSIS: . 446.4 Wegeners Granulomatosis Microscopic Polyangitis**Physician Office to Complete:**

1. Has your patient had failure, intolerance, or contraindication to conventional therapy?

 Yes No

2. If yes, please specify, treatment/medication tried and outcomes: _____

PREMEDICATE:

Thirty minutes prior to infusion with Acetaminophen 1000mg PO, Diphenhydramine ___25mg or ___50mg IVP &

 Methylprednisolone 125mg IVP. Or Other _____Obtain weight each visit. **MUST** be given in combination with glucocorticoids.

Vital signs baseline, every 30 minutes until infusion is complete, then 30 minutes after completion. Instruct patient/caregiver on medications, signs/symptoms of adverse reaction.

Assess patient for response to therapy. Pump, tubings, and supplies needed to complete prescribed therapy.

If adverse drug reaction, implement the Standard Adverse Reaction Protocol.

Utilize existing central line for administration, or initiate a peripheral IV with each infusion, prn.

Normal Saline Flush 3-10 ml before infusion, after primary drug has infused, Infuse Normal Saline 0.9% or D5W 20-50 ml to flush tubing/line followed by Heparin Lock 1 – 5 ml 100 unit/ml as needed per line type.

DOSE:_____ Rituximab 375mg/m² in 250-500ml 0.9% Sodium Chloride (infusion rates to be determined by Rph)

_____ Other: _____

FREQUENCY:

_____ Orders to be completed once a week x 4 weeks

_____ Special Orders: _____

OTHER:

Pharmacist to perform clinical drug monitoring.

(No Stamped Signatures, Please)

Physician's Signature: _____ / _____ Date: _____

(Dispense as written)

(Substitution permitted)

Print Physician Name: _____

PLEASE FAX DEMOGRAPHICS AND INSURANCE INFORMATION to**866-872-8920**