



TRUXIMA® (RITUXIMAB-ABBS) ORDER FORM (* - Required Fields)

 STAT REQUEST
(*REASON MUST BE PROVIDED BELOW)

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| <u> </u> New Referral | <u> </u> Order Renewal | <u> </u> Medication/Order Change |
| <u> </u> Benefits Verification Only | <u> </u> Discontinuation Order | |

| PATIENT INFORMATION | | | |
|---------------------|-----------|---------|----------|
| NAME*: | DOB*: | SEX: | M F |
| ADDRESS: | | PHONE: | |
| WEIGHT: | LBS KG | HEIGHT: | EMAIL: |
| ALLERGIES: | | | |

| PHYSICIAN INFORMATION | | | |
|-----------------------|------|----------------------|--|
| PHYSICIAN NAME*: | | PRACTICE NAME: | |
| ADDRESS: | | OFFICE CONTACT*: | |
| PHONE: | FAX: | EMAIL (FOR UPDATES): | |

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| <p>TRUXIMA ORDER*: <i>(SELECT ONE OF THE FOLLOWING)</i></p> <p><u> </u> Dosing: 1000 mg IV on day 0, day 14, then repeat the course every <u> </u> weeks</p> <p>OR</p> <p><u> </u> Other Dosing: <u> </u> mg /m² IV weekly for 4 weeks</p> <p>OR</p> <p><u> </u> Other Dosing: <u> </u> mg IV every <u> </u></p> <p>Physician Signature* _____</p> | <p>ICD-10*: _____</p> <p>Date*(Order is Valid for One Year) _____ <i>Infusion will be administered per MPP policy and protocols</i></p> |
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| REQUIRED DIAGNOSIS: |
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| <u> </u> Granulomatosis w/ Polyangiitis (GPA) Wegner's |
| <u> </u> Microscopic Polyangiitis (MPA) |
| <u> </u> Rheumatoid Arthritis |
| <u> </u> Other _____ |
| <p>*STAT REASON: (STAT request will be assessed per MPP policy and protocol)</p> |

| REQUIRED DOCUMENTATION CHECKLIST: |
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| <u> </u> Patient Demographics |
| <u> </u> Insurance Card/Information |
| <u> </u> Clinical/Progress Notes supporting DX |
| <u> </u> Current Medication List and H&P |
| <u> </u> HepB Surf Ag (w/in 12 months) |
| <u> </u> HepB Core Ab (w/in 12 months) |
| <u> </u> CBC (w/in 12 months) |
| Last Infusion/Injection Date: _____ |
| <p>Package Insert States: Patients with a history of arrhythmia or angina should have cardiac monitoring during infusions with Tuxima. MPP does not perform cardiac monitoring and the referring MD understands and accepts that this will not be performed.</p> |

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| <p>STANDING LAB ORDERS: <u> </u> CMP <u> </u> CBC</p> <p><u> </u> Labs to be drawn by Infusion Center Frequency _____</p> |
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| <p>NOTES/ADDITIONAL COMMENTS:</p> |
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Locations:

-----Colorado-----
 Lakewood

-----Florida-----
 Jacksonville
 Kissimmee
 Port St. Lucie
 Suncoast
 Winter Park

-----Oklahoma-----
 Tulsa

-----Texas-----
 Arlington
 Cedar Hill
 Dallas
 Denton
 Ft. Worth
 Irving
 Rockwall
 Southlake
 Flower Mound
 Plano
 Tyler