

**FAX TO: 855.694.4656**

**PATIENT INFORMATION**

PATIENT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX:  M  F HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_  LBS  KG

ALLERGIES: \_\_\_\_\_ PREFERRED CLINIC: \_\_\_\_\_

REFERRAL STATUS:  NEW REFERRAL  ORDER CHANGE  ORDER RENEWAL

**DIAGNOSIS & CLINICAL DOCUMENTATION**

\*PLEASE COMPLETE ICD-10 FOR SPECIFIC DIAGNOSIS

- M05. \_\_\_ Rheumatoid arthritis w/ rheumatoid factor
- M06. \_\_\_ Rheumatoid arthritis w/o rheumatoid factor
- M31.30 Granulomatosis w/ Polyangiitis (GPA/Wegener's)
- M31.7 Microscopic Polyangiitis (MPA)
- ICD-10 CODE: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

**REQUIRED DOCUMENTATION**

- Insurance Information
- List of Medications
- Tried & Failed Therapies
- Most Recent History & Physical
- Full Hep B Panel

**MEDICATION ORDER**

Rituxan® or biosimilar (Ruxience®, Riabni®, Truxima®) may be used according to payor guidelines

To restrict substitution, indicate required brand here: \_\_\_\_\_

**FOR RA**

- Rituximab 1000mg IV in 500ml NS per protocol day 0 and day 14 every 4 months (16 weeks)
- Rituximab 1000mg IV in 500ml NS per protocol day 0 and day 14 every 6 months (24 weeks)

**FOR GPA/MPA**

- Rituximab 375mg/m<sup>2</sup> IV per protocol once weekly for 4 weeks
- OTHER: \_\_\_\_\_

**PRE-MEDICATIONS**

**REQUIRED**

- Acetaminophen: 500 mg  PO  IV
- Diphenhydramine: 25mg  PO  IV
- Methylprednisolone: 125mg  PO  IV

OTHER: \_\_\_\_\_  PO  IV

**LAB ORDERS**

LAB: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

REFILL X 12 MONTHS UNLESS OTHERWISE NOTED HERE: \_\_\_\_\_

Patient to be observed for 60 minutes following the first infusion. Administer per protocol.  
In the event of an adverse reaction occurring in the infusion clinic, utilize the Immersiv Health adverse reaction protocol.

**PRESCRIBER INFORMATION**

PROVIDER NAME: \_\_\_\_\_ NPI #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS (INCLUDE CITY, STATE, ZIP): \_\_\_\_\_

SUPERVISING PHYSICIAN: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_  
(IF APPLICABLE)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NO STAMPS)

SUBSTITUTION PERMITTED

DISPENSE AS WRITTEN