



**Prestige Infusions**  
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# RITUXAN

(rituximaab)

Patient Name

DOB

Phone

M

F

**DIAGNOSIS** *Please provide ICD-10 code*

Rheumatoid Arthritis

Microscopic Polyangitis

Granulomatosis w/Polyangitis

*(wegener's granulomatosis GPA)*

*(other)*

**PRE-MEDICATION**

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

**RITUXAN ORDERS**

<b>DOSAGE</b>	<b>PATIENT WEIGHT</b>
1000mg	lbs.
375mg/m <sup>2</sup>	kg
<b>FREQUENCY</b>	
initial dose (0) followed by 2nd dose on day 15 <i>(induction for RA diagnosis)</i>	
single dose	
every week for 4 weeks total	
<i>(other frequency)</i>	

**NOTES**

**ORDERING PROVIDER**

Signature  X  \_\_\_\_\_ Date

Provider

Phone

Fax