



(Patient Sticker)



PHYSICIAN ORDER SET :

RITUXIMAB NEUROLOGY

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Patient: _____ DOB: _____ Gender: _____

Patient Phone #: _____ Height: _____ Weight: _____

Diagnosis: _____ ICD-10 Code: _____

Treatment Start Date: _____

Provider Facility Name: _____ Provider Facility Address: _____

Ordering Provider: _____ Date: _____

Signature: _____

Complete, Sign, and fax this document to: CDH Central Scheduling at 413-582-2183

****Please include H&P/current medications list/allergies, and ensure that med authorizations have been obtained****

Pre-Medications

| | Interval | Defer Until | Duration |
|---|----------|-------------|-------------|
| <input type="checkbox"/> acetaminophen (TYLENOL) tablet 325 mg 650 mg, Oral, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i> | Once | | 1 treatment |
| <input type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet 25 mg 25 mg, Oral, Once, Starting at treatment start time, For 1 dose <i>HOLD IF: Given IV. Administer at least 30 mins prior to treatment.</i> | Once | | 1 treatment |
| <input type="checkbox"/> diphenhydrAMINE (BENADRYL) IV 25 mg 25 mg, Intravenous, Once, Starting at treatment start time, For 1 dose <i>HOLD IF: Given PO. Administer at least 30 mins prior to treatment.</i> | Once | | 1 treatment |
| <input type="checkbox"/> dexamethasone (DECADRON) 40 mg in sodium chloride 0.9% 50 mL IVPB 40 mg, Intravenous, Once, Starting at treatment start time, For 1 dose <i>Administer at least 30 mins prior to treatment.</i> | Once | | 1 treatment |
| <input type="checkbox"/> methylprednisolone sodium succinate (SOLU-Medrol) IV 40 mg 40 mg, Intravenous, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i> | Once | | 1 treatment |



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Medications

| | Interval | Defer Until | Duration |
|---|----------|-------------|-------------|
| <input type="checkbox"/> riTUXimab (RITUXAN) 750 mg 750 mg, Intravenous, Administer over 6 Hours, Once, Starting when released, For 1 Dose <i>Follow your institutional guidelines for titration and duration of infusion.</i> | Once | | 1 treatment |
| <p>Specialty Ordering, please answer the following medical necessity questions below:</p> <p>Neurology – Select the diagnosis / indication for Rituximab below or choose Other:</p> | | | |
| <input type="checkbox"/> Primary Progressive Multiple Sclerosis (please circle yes or no): <ul style="list-style-type: none"> <input type="radio"/> Does MRI show enhancement? Yes / No | | | |
| <input type="checkbox"/> Relapsing Remitting Multiple Sclerosis (Please circle yes or no): <ul style="list-style-type: none"> <input type="radio"/> Does patient have positive serology to JC virus? Yes / No <input type="radio"/> Has patient had prior treatment with immunosuppressants/immunomodulators (eg - Interferon beta, Glatiramer, Daclizumab, Natalizumab, Dimethyl fumarate, Teriflunomide)? Yes / No | | | |
| <input type="checkbox"/> Secondary Progressive Multiple Sclerosis (Please circle yes or no): <ul style="list-style-type: none"> <input type="radio"/> Does patient have positive serology to JC virus? Yes / No <input type="radio"/> Has patient had prior treatment with immunosuppressants/immunomodulators (eg - Interferon beta, Glatiramer, Daclizumab, Natalizumab, Dimethyl fumarate, Teriflunomide)? Yes / No | | | |
| <input type="checkbox"/> Other or No to any answer above: <i>Does not meet standard medical necessity. Please provide additional medical necessity documentation here including diagnosis/indication, treatment history, prerequisite testing, etc.</i> | | | |

Labs

| | Interval | Defer Until | Duration |
|---|----------|-------------|-------------|
| <input type="checkbox"/> CBC Once, Starting when released. | Once | | 1 treatment |
| <input type="checkbox"/> BUN Once, Starting when released. | Once | | 1 treatment |
| <input type="checkbox"/> Creatinine, random urine Once, Starting when released. | Once | | 1 treatment |
| <input type="checkbox"/> Urinalysis Once, Starting when released. | Once | | 1 treatment |
| <input type="checkbox"/> PTT Once, Starting when released. | Once | | 1 treatment |
| <input type="checkbox"/> PT-INR Once, Starting when released. | Once | | 1 treatment |
| <input type="checkbox"/> Glucose Once, Starting when released. | Once | | 1 treatment |
| <input type="checkbox"/> CPK (creatine kinase) Once, Starting when released. | Once | | 1 treatment |



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Labs (continued)

| | Interval | Defer Until | Duration |
|---|----------|-------------|-------------|
| <input type="checkbox"/> Alanine aminotransferase (ALT) Once, Starting when released. | Once | | 1 treatment |
| <input type="checkbox"/> Aspartate aminotransferase (AST) Once, Starting when released. | Once | | 1 treatment |
| <input type="checkbox"/> Bilirubin, total Once, Starting when released. | Once | | 1 treatment |
| <input type="checkbox"/> C-reactive protein Once, Starting when released. | Once | | 1 treatment |
| <input type="checkbox"/> Sedimentation rate (ESR) Once, Starting when released. | Once | | 1 treatment |
| <input type="checkbox"/> Comprehensive metabolic panel Once, Starting when released. | Once | | 1 treatment |

Catheter management

| | Interval | Defer Until | Duration |
|--|----------|-------------|-----------------|
| <input type="checkbox"/> Line Access Routine, Once, Starting S For 1 Occurrences, As needed. Starting when released. Until Specified. <i>Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment.</i> | PRN | | Until discont'd |
| <input type="checkbox"/> alteplase (CATHFLO) 1 mg/mL injection 2 mg 2 mg, Intracatheter, As needed, line care, For central venous access device requiring clearance. Administer per institutional guidelines. May repeat once per lumen., Starting S | PRN | | Until discont'd |
| <input type="checkbox"/> lidocaine-prilocaine (EMLA) cream Topical, As needed, pre procedure/treatment, Apply prior to the PIV insertion or port access, Starting S | PRN | | Until discont'd |
| <input type="checkbox"/> heparin 100 units/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S | PRN | | Until discont'd |
| <input type="checkbox"/> heparin 10 units/mL flush 3 mL 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S | PRN | | Until discont'd |
| <input type="checkbox"/> heparin 10 units/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S | PRN | | Until discont'd |
| <input type="checkbox"/> heparin 1000 units/mL flush 2 mL 2 mL, Intracatheter, As needed, line care, APHERESIS LINE CARE ONLY per institutional policy. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER, Starting S | PRN | | Until discont'd |
| <input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 3 mL 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S | PRN | | Until discont'd |
| <input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 10 mL 10 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S | PRN | | Until discont'd |
| <input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 20 mL 20 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S | PRN | | Until discont'd |
| <input type="checkbox"/> sodium chloride 0.9% infusion 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment, Starting S | PRN | | Until discont'd |
| <input type="checkbox"/> D5W infusion 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment, Starting S | PRN | | Until discont'd |



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Emergency Medication/Anaphylaxis

| | Interval | Defer Until | Duration |
|---|----------|-------------|-----------------|
| <input type="checkbox"/> Provider and Nurse Communication Routine, Until discontinued, Starting S, Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated. | PRN | | Until discont'd |
| <input type="checkbox"/> EPINEPHrine injection 0.3 mg 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting S <i>For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 is equivalent to 1 mg/mL</i> | PRN | | Until discont'd |
| <input type="checkbox"/> sodium chloride 0.9% bolus 1,000 mL 1,000 mL, Intravenous, Once as needed, other (free text field), For hypotension, Starting S, For 1 Doses | PRN | | Until discont'd |
| <input type="checkbox"/> Oxygen Therapy - Non-Rebreather Routine <i>Select a Mode of Therapy: Non-Rebreather</i> | PRN | | Until discont'd |

Hypersensitivity

| | Interval | Defer Until | Duration |
|---|----------|-------------|-----------------|
| <input type="checkbox"/> Provider and Nurse Communication Routine, Until discontinued, Starting S For Until specified, Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section. | PRN | | Until discont'd |
| <input type="checkbox"/> albuterol (ACCUNEB) nebulizer solution 2.5 mg 2.5 mg, Nebulization, Once as needed, shortness of breath, wheezing, wheezing, shortness of breath, Starting S, For 1 Doses | PRN | | Until discont'd |
| <input type="checkbox"/> acetaminophen (TYLENOL) tablet 975 mg 975 mg, Oral, Once as needed, fever, Starting S, For 1 Doses | PRN | | Until discont'd |
| <input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25 mg 25 mg, Intravenous, As needed, itching, itching, hives. Begin with 25 mg. If patient has continued reaction, administer additional 25 mg, Starting S | PRN | | Until discont'd |
| <input type="checkbox"/> famotidine (PEPCID) injection 20 mg 20 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction Hold if: given as premed, Starting S, For 1 Doses | PRN | | Until discont'd |
| <input type="checkbox"/> cetirizine (ZyrTEC) tablet 10 mg 10 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses <i>HOLD IF giving fexofenadine.</i> | PRN | | Until discont'd |
| <input type="checkbox"/> fexofenadine (ALLEGRA) tablet 180 mg 180 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses <i>HOLD IF giving cetirizine.</i> | PRN | | Until discont'd |
| <input type="checkbox"/> methylprednisolone sodium succinate (SOLU-Medrol) IV 40 mg 40 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses | PRN | | Until discont'd |
| <input type="checkbox"/> ondansetron (ZOFTRAN) injection 4 mg 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting S, For 2 Doses | PRN | | Until discont'd |
| <input type="checkbox"/> meperidine (DEMEROL) injection 25 mg 25 mg, Intravenous, Once as needed, rigors, Starting when released | PRN | | Until discont'd |