INTRAMED Plus
infusion services

RITUXAN®
For RA

INFUSION & MEDICAL CENTER

1. Patient Name _____ **DOB** _____ **Patient Phone/Cell #** _____

Patient demographic and insurance information to be faxed with Infusion Order Form

2. Medical Information (Please select primary diagnosis and complete ICD10 Code):

Primary Diagnosis: _____Rheumatoid Arthritis ICD-10 Code: M0__.____

_____Other: ICD-10 Code: _____

Allergies:_____(or attach list)

3. Clinical Information – Please fax with Infusion Order Form:

- Clinical MD Notes, labs, test supporting primary diagnosis
- Pre-Screening Documentation
  Hepatitis B Screening Results (including Hep B surface antigen & Total Hep B Core Antibody)
- Previous Drug Therapy History, including therapies trailed and or failed and date of last infusion:
  - ❑ Previous biologic therapies: _____Date:_____
  - ❑ Washout period of _____ weeks desired prior to the initiation of this ordered therapy
- Infusion Center – Lab Orders (Check for Infusion Center to Manage):
  - ❑ Obtain CBC with diff and platelets every _____

Patient
Weight: _____ lbs.
Height:_____ in.

RITUXAN® (rituximab) J Code: J9312

4. Administer Rituxan IV as per the below parameters:

Ordered Dose: ❑ 1,000 mg ❑ Other:_____

Dosing Frequency:

❑ Infuse on Day 0 and Day 14 every 4 months

or

❑ Infuse on Day 0 and Day 14 every 6 months

❑ Other: _____

Pre-Medication Orders: Acetaminophen 650 mg PO; diphenhydramine 50 mg PO; Methylprednisolone 100 mg IV Administered 30 min prior to infusion and adjusted to the patient's needs

Adverse Drug Reaction Protocol: Manage any adverse reaction that may occur per approved ADR Protocol.

By signing this form and utilizing these services, I am authorizing Intramed Plus to serve as my prior authorization agent with medical and pharmacy insurance providers.

5. Physician Signature: _____ / _____ Date: _____
Dispense as written Substitution permitted

Printed Physician's Name:_____Contact Phone #: _____

FAX ALL INFORMATION CENTRAL FAX **803.999.1754**	**INFUSION CENTER LOCATIONS** **BERKELEY CHARLESTON COLUMBIA GREENVILLE** **CENTRAL INTAKE PHONE 803.999.1760**