ADMIT to Infusion Center of EAMC **for Rituximab**

Diagnosis:

- ☐ Rheumatoid Arthritis
- ☐ Granulomatosis with polyangiitis
- ☐ Microscopic polyangiitis
- ☐ Pemphigus vulgaris
- ☐ Other (specify) _____
- ☐ Immune thrombocytopenia
- ☐ Lupus nephritis
- ☐ Myasthenia gravis

Labs:

- Labs must be resulted prior to scheduling infusion.
- Physician office to verify results of TB test and Hepatitis panel prior to referral. Proceed with treatment if results are nonreactive or negative.

Pre-Meds:

- ☐ Acetaminophen 650 mg PO with each treatment
- ☐ Diphenhydramine 25 mg PO with each treatment
- ☐ Diphenhydramine 50 mg PO with each treatment
- ☐ Other: _____
- ☐ Methylprednisolone 125mg IV Push with each treatment
- ☐ Famotidine 20 mg IV Push with each treatment

Infusion Orders

Drug	Fluid	Dose per m2	Total dose (pharmacy to calculate)	Route
☐ Rituximab (Rituxan)*	NS 250 ml	mg/m2	mg	IV Infusion
☐ Rituximab-pvvr (Ruxience)*	NS 250 ml	mg/m2	mg	IV Infusion

Ancillary Treatment/Administrative Procedures

*Rituxan or Ruxience is selected based on EAMC Biosimilar Protocol.

- ❖ Initial dose of Rituximab is to be given at a rate of 50 mg/hr and can be increased by 50 mg/hr every 30 minutes to a max rate of 400mg/hr. Subsequent dose may start at 100 mg/hr and can be increased at a rate of 100 mg/hr to a max rate of 400 mg/hr.
- ❖ Monitor vital signs prior to start of infusion and as needed for duration of infusion.
- ❖ Infuse NS at 50 mL/hr as the mainline fluid.
- ❖ May use Infusion Center at EAMC Non-Oncology standing orders.

Schedule repeat infusion:

- ☐ On day 15 of therapy
- ☐ Once every _____ week(s) x _____ doses.
- ☐ Other: _____

_____ _____ _____

Physician Signature **Date** **Time**

EAST ALABAMA MEDICAL CENTER
EAMC Infusion Order Set
Rituximab

Patient Identification