

RITUXIMAB ORDER FORM

REFERRAL TYPE

New Referral Order Renewal Restart Frequency Change Dosage Change

PREFERRED LOCATION

2730 University Blvd. West | Suite 714
Wheaton, MD 20902

14995 Shady Grove Road | Suite 250
Rockville, MD 20850

5454 Wisconsin Avenue | Suite 600
Chevy Chase, MD 20815

18111 Prince Philip Drive | Suite 323
Olney, MD 20832

71 Thomas Johnson Drive
Frederick, MD 21702

2021 K Street, NW | Suite 300
Washington, DC 20006

3027 Javier Road | Suite 2
Fairfax, VA 22031

PATIENT INFORMATION

Name: _____ DOB: _____ Email: _____

Address: _____ Weight: _____ KG LBS Phone: _____

REFERRING PHYSICIAN INFORMATION

Name: _____ NPI: _____

Office Contact Name: _____ Phone: _____ Fax: _____

Address: _____

RITUXAN ORDER

We do not accept off-label diagnoses, dosages, or frequencies.

Dosing/Frequency: _____ **Preferred Product:** None Rituxan Truxima

1000mg IV on day 0, day 14, then repeat the course every _____ weeks
 375mg/m² IV every 4 weeks _____ mg/m² IV every _____ weeks _____ mg IV every _____ weeks

Diagnosis:

- M05.79—Rheumatoid arthritis with rheumatoid factor of multiple sites w/o organ or systems involvement
- M05.89—Other rheumatoid arthritis with rheumatoid factor of multiple sites
- M06.09—Rheumatoid arthritis w/o rheumatoid factor, multiple sites
- M06.89—Other specified rheumatoid arthritis, multiple sites
- M31.30—Wegener's granulomatosis w/o renal involvement
- M31.31—Wegener's granulomatosis with renal involvement

Other Diagnosis: _____ ICD-10 Code (Required): _____

Special Instructions: _____

Physicians Signature: _____ Date: _____ (Order is Valid for One Year)

REQUIRED DOCUMENTATION

Please fax the following documents and records:

- Patient Demographics
- Two most recent office notes (Supporting the DX and treatment ordered)
- Most recent labs that include values for:
 - CMP, CBC, HBV Surface Antigen
 - TB Screening (PPD, QFT Gold or Tspot) or recent chest x-ray
- Copy of the patient's insurance card(s) – front and back
- Medication History
- For continuation of treatment, include the last infusion note

We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.