

RITUXIMAB ORDER FORM

REFERRAL TYPE

New Referral
 Order Renewal
 Restart
 Frequency Change
 Dosage Change

PREFERRED LOCATION

| | | |
|--|--|---|
| <input type="checkbox"/> 2730 University Blvd. West Suite 714 Wheaton, MD 20902 | <input type="checkbox"/> 14995 Shady Grove Road Suite 250 Rockville, MD 20850 | <input type="checkbox"/> 5454 Wisconsin Avenue Suite 600 Chevy Chase, MD 20815 |
| <input type="checkbox"/> 18111 Prince Philip Drive Suite 323 Olney, MD 20832 | <input type="checkbox"/> 71 Thomas Johnson Drive Frederick, MD 21702 | <input type="checkbox"/> 2021 K Street, NW Suite 300 Washington, DC 20006 |
| | <input type="checkbox"/> 8270 Willow Oaks Corporate Drive Suite 150 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.

Preferred Product: None Rituxan Truxima

Dosing/Frequency:

1000mg IV on day 0, day 14, then repeat the course 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

Dosing/Frequency:

375mg/m² IV qwk for 4weeks
 1000mg Day1 & Day15 every 6months
 500mg q6months

Diagnosis:

- 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.