

### 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"/> 161 Thomas Johnson Drive   Suite 250 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:	Male	Female	Email:
Address:		Weight:	KG	LBS
				Phone:

#### REFERRING PHYSICIAN INFORMATION

Name:	NPI:
Office Contact Name:	Phone:
	Fax:
Address:	

#### RITUXIMAB ORDER

**OFF-LABEL diagnosis, dose and frequency are subject to medical review and approval.**

Riabni     
  Rituxan     
  Ruxience     
  Truxima

**Diagnosis: (PLEASE REFRAIN FROM USING AN UNSPECIFIED ICD10 CODE)**

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:**

1000mg IV on day 0, day 14, then repeat the course every \_\_\_\_\_ weeks

**Diagnosis:**

M31.30—Wegener's granulomatosis w/o renal involvement  
 M31.31—Wegener's granulomatosis with renal involvement

**Dosing/Frequency:**

375mg/m<sup>2</sup> IV qwk for 4weeks     
  1000mg Day1 & Day15 every 6months     
  500mg q6months

**Diagnosis:**

L10.0 -- Pemphigus Vulgaris

**Dosing/Frequency:**

1000mg IV on day 0, day 14     
  500mg at 12month     
  500mg q6months thereafter

- 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.**