CommonSpirit

Infusion Therapy Order

Patient Name:_____ Date of Birth:_____

Address:_____ Height: _____ Weight: _____

Phone:_____ Allergies: _____

Primary Diagnosis:_____ ICD-10 Code:_____

Requested Infusion Start Date:_____ Frequency:_____

Infusion Location:_____Duration:_____

Insurance Authorization: _____

Prescriber Information:

Prescriber Name:_____ NPI: _____

Address: _____

Phone: _____ Fax: _____

Prescriber Signature:_____

******Please use a single line and mark through any orders you do not want if it is pre-checked…The Appointment request is required, but make edits to the Interval and Duration as needed…Please add any additional orders on the last page******

SJH RHEUM RITUXIMAB (RITUXAN)

version 2/7/2022

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (360 MIN)**			
☑	Infusion Appointment Request	Every 7 days	S	4 treatments

Appointment Request (continued)

	Interval	Defer Until	Duration

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 360 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Pre-Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PREMED (APAP 650 / DIPH 25 PO / DIPH 50 IV)**			
☐	acetaminophen (TYLENOL) tablet 650 mg	Every 7 days	S	4 treatments
	650 mg, oral, Once, Starting at treatment start time Recommended maximum dose of acetaminophen is 4000 mg from all sources in 24 hours			
☐	diphenhydrAMINE (BENADRYL) tablet/capsule 25 mg	Every 7 days	S	4 treatments
	25 mg, oral, Once, Starting when released Pharmacists to reduce dose to 12.5 mg regardless of route in patients 65 years and older. EXCEPTION: Patients on chemotherapy, receiving transfusion or allergic reaction treatment.			
☐	diphenhydrAMINE (BENADRYL) injection 50 mg	Every 7 days	S	4 treatments
	50 mg, intravenous, Once, Starting at treatment start time IV Push.			

Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY RHEUM RITUXIMAB (BIOSIMILARS) 375 MG / 1000 MG - INITIAL**			
◉	riTUXimab-abbs (TRUXIMA) 375 mg/m2 in sodium chloride 0.9% (NS) 250 mL infusion	Once	S	1 treatment
	375 mg/m2, intravenous, Once, Starting at treatment start time **TRUXIMA FORMULARY AGENT** Initial infusion instructions: Pre-medicate with acetaminophen and diphenhydramine. Begin first rituximab infusion at 25-50 mg/hour. Use lower rate of 25 mg/hour for patients at high risk for dose-related toxicity (i.e. history of arrhythmias, hypertension, WBCs greater than 25,000/mm3). If no reaction, increase rate by 50 mg/hour every 30 minutes to a maximum rate of 400 mg/hour. Do NOT filter. Monitoring instructions for all rituximab infusions: Monitor blood pressure, pulse, and respiratory rate every 30 minutes until maximum rate of 400 mg/hour and again at end of infusion. Recheck vital signs immediately prior to any rate increase. Infusion-related symptoms may include transient hypertension or hypotension (consider withholding antihypertensive medications 12 hours prior to rituximab infusion), flushing, dyspnea, fever, chills/rigors, rash, pruritus, nausea/vomiting, headache, asthenia, and/or chest pain. For infusion-related reactions, temporarily slow the infusion to the previous rate or stop the infusion until symptoms abate. Once infusion-related symptoms resolve, infusion can then be increased to ½ the previous rate. STOP the infusion and call provider if: 1. Patient experiences a change in systolic blood pressure (SBP) greater than or equal to 20 mmHg from baseline OR BP drops less than or equal to 80/50. 2. Patient demonstrates symptoms of hypersensitivity or allergic reaction (i.e. dyspnea/bronchospasm, angioedema, etc.). Initiate Anaphylaxis and Acute Drug Hypersensitivity Protocol and emergency response (i.e. code blue) as indicated. Do not administer rituximab after 4:00 pm unless approved by prescribing physician.			

Medications (continued)

		Interval	Defer Until	Duration
◎	riTUXimab-pvvr (RUXIENCE) 375 mg/m2 in sodium chloride 0.9% (NS) infusion	Once	S	1 treatment

375 mg/m2, intravenous, Once, Starting at treatment start time

RUXIENCE SECONDARY AGENCY Initial infusion instructions: Pre-medicate with acetaminophen and diphenhydramine. Begin first rituximab infusion at 25-50 mg/hour. Use lower rate of 25 mg/hour for patients at high risk for dose-related toxicity (i.e. history of arrhythmias, hypertension, WBCs greater than 25,000/mm3). If no reaction, increase rate by 50 mg/hour every 30 minutes to a maximum rate of 400 mg/hour. Do NOT filter. Monitoring instructions for all rituximab infusions: Monitor blood pressure, pulse, and respiratory rate every 30 minutes until maximum rate of 400 mg/hour and again at end of infusion. Recheck vital signs immediately prior to any rate increase. Infusion-related symptoms may include transient hypertension or hypotension (consider withholding antihypertensive medications 12 hours prior to rituximab infusion), flushing, dyspnea, fever, chills/rigors, rash, pruritus, nausea/vomiting, headache, asthenia, and/or chest pain. For infusion-related reactions, temporarily slow the infusion to the previous rate or stop the infusion until symptoms abate. Once infusion-related symptoms resolve, infusion can then be increased to ½ the previous rate. STOP the infusion and call provider if: 1. Patient experiences a change in systolic blood pressure (SBP) greater than or equal to 20 mmHg from baseline OR BP drops less than or equal to 80/50. 2. Patient demonstrates symptoms of hypersensitivity or allergic reaction (i.e. dyspnea/bronchospasm, angioedema, etc.). Initiate Anaphylaxis and Acute Drug Hypersensitivity Protocol and emergency response (i.e. code blue) as indicated. Do not administer rituximab after 4:00 pm unless approved by prescribing physician.

◎	rituximab-arrx (RIABNI) 375 mg/m2 in sodium chloride 0.9% (NS) 250 mL infusion	Once	S	1 treatment

375 mg/m2, intravenous, Once, Starting at treatment start time

RIABNI TERTIARY AGENT Initial infusion instructions: Pre-medicate with acetaminophen and diphenhydramine. Begin first rituximab infusion at 25-50 mg/hour. Use lower rate of 25 mg/hour for patients at high risk for dose-related toxicity (i.e. history of arrhythmias, hypertension, WBCs greater than 25,000/mm3). If no reaction, increase rate by 50 mg/hour every 30 minutes to a maximum rate of 400 mg/hour. Do NOT filter. Monitoring instructions for all rituximab infusions: Monitor blood pressure, pulse, and respiratory rate every 30 minutes until maximum rate of 400 mg/hour and again at end of infusion. Recheck vital signs immediately prior to any rate increase. Infusion-related symptoms may include transient hypertension or hypotension (consider withholding antihypertensive medications 12 hours prior to rituximab infusion), flushing, dyspnea, fever, chills/rigors, rash, pruritus, nausea/vomiting, headache, asthenia, and/or chest pain. For infusion-related reactions, temporarily slow the infusion to the previous rate or stop the infusion until symptoms abate. Once infusion-related symptoms resolve, infusion can then be increased to ½ the previous rate. STOP the infusion and call provider if: 1. Patient experiences a change in systolic blood pressure (SBP) greater than or equal to 20 mmHg from baseline OR BP drops less than or equal to 80/50. 2. Patient demonstrates symptoms of hypersensitivity or allergic reaction (i.e. dyspnea/bronchospasm, angioedema, etc.). Initiate Anaphylaxis and Acute Drug Hypersensitivity Protocol and emergency response (i.e. code blue) as indicated. Do not administer rituximab after 4:00 pm unless approved by prescribing physician.

◎	riTUXimab (RITUXAN) 375 mg/m2 in sodium chloride 0.9% (NS) 250 mL infusion	Once	S	1 treatment

375 mg/m2, intravenous, Once, Starting at treatment start time

RITUXAN NON-PREFERRED AGENT Initial infusion instructions: Pre-medicate with acetaminophen and diphenhydramine. Begin first rituximab infusion at 25-50 mg/hour. Use lower rate of 25 mg/hour for patients at high risk for dose-related toxicity (i.e. history of arrhythmias, hypertension, WBCs greater than 25,000/mm3). If no reaction, increase rate by 50 mg/hour every 30 minutes to a maximum rate of 400 mg/hour. Do NOT filter. Monitoring instructions for all rituximab infusions: Monitor blood pressure, pulse, and respiratory rate every 30 minutes until maximum rate of 400 mg/hour and again at end of infusion. Recheck vital signs immediately prior to any rate increase. Infusion-related symptoms may include transient hypertension or hypotension (consider withholding antihypertensive medications 12 hours prior to rituximab infusion), flushing, dyspnea, fever, chills/rigors, rash, pruritus, nausea/vomiting, headache, asthenia, and/or chest pain. For infusion-related reactions, temporarily slow the infusion to the previous rate or stop the infusion until symptoms abate. Once infusion-related symptoms resolve, infusion can then be increased to ½ the previous rate. STOP the infusion and call provider if: 1. Patient experiences a change in systolic blood pressure (SBP) greater than or equal to 20 mmHg from baseline OR BP drops less than or equal to 80/50. 2. Patient demonstrates symptoms of hypersensitivity or allergic reaction (i.e. dyspnea/bronchospasm, angioedema, etc.). Initiate Anaphylaxis and Acute Drug Hypersensitivity Protocol and emergency response (i.e. code blue) as indicated. Do not administer rituximab after 4:00 pm unless approved by prescribing physician.

◎	riTUXimab-abbs (TRUXIMA) 1,000 mg/m2 in sodium chloride 0.9% (NS) 250 mL infusion	Once	S	1 treatment

Medications (continued)

	Interval	Defer Until	Duration

1,000 mg/m2, intravenous, Once, Starting at treatment start time

TRUXIMA FORMULARY AGENT Initial infusion instructions: Pre-medicate with acetaminophen and diphenhydramine. Begin first rituximab infusion at 25-50 mg/hour. Use lower rate of 25 mg/hour for patients at high risk for dose-related toxicity (i.e. history of arrhythmias, hypertension, WBCs greater than 25,000/mm3). If no reaction, increase rate by 50 mg/hour every 30 minutes to a maximum rate of 400 mg/hour. Do NOT filter. Monitoring instructions for all rituximab infusions: Monitor blood pressure, pulse, and respiratory rate every 30 minutes until maximum rate of 400 mg/hour and again at end of infusion. Recheck vital signs immediately prior to any rate increase. Infusion-related symptoms may include transient hypertension or hypotension (consider withholding antihypertensive medications 12 hours prior to rituximab infusion), flushing, dyspnea, fever, chills/rigors, rash, pruritus, nausea/vomiting, headache, asthenia, and/or chest pain. For infusion-related reactions, temporarily slow the infusion to the previous rate or stop the infusion until symptoms abate. Once infusion-related symptoms resolve, infusion can then be increased to ½ the previous rate. STOP the infusion and call provider if: 1. Patient experiences a change in systolic blood pressure (SBP) greater than or equal to 20 mmHg from baseline OR BP drops less than or equal to 80/50. 2. Patient demonstrates symptoms of hypersensitivity or allergic reaction (i.e. dyspnea/bronchospasm, angioedema, etc.). Initiate Anaphylaxis and Acute Drug Hypersensitivity Protocol and emergency response (i.e. code blue) as indicated. Do not administer rituximab after 4:00 pm unless approved by prescribing physician.

◎ riTUXimab-pvvr (RUXIENCE) 1,000 mg in sodium chloride 0.9% (NS) 1,000 mL infusion — Once — S — 1 treatment

1,000 mg, intravenous, Once, Starting at treatment start time

RUXIENCE SECONDARY AGENCY Initial infusion instructions: Pre-medicate with acetaminophen and diphenhydramine. Begin first rituximab infusion at 25-50 mg/hour. Use lower rate of 25 mg/hour for patients at high risk for dose-related toxicity (i.e. history of arrhythmias, hypertension, WBCs greater than 25,000/mm3). If no reaction, increase rate by 50 mg/hour every 30 minutes to a maximum rate of 400 mg/hour. Do NOT filter. Monitoring instructions for all rituximab infusions: Monitor blood pressure, pulse, and respiratory rate every 30 minutes until maximum rate of 400 mg/hour and again at end of infusion. Recheck vital signs immediately prior to any rate increase. Infusion-related symptoms may include transient hypertension or hypotension (consider withholding antihypertensive medications 12 hours prior to rituximab infusion), flushing, dyspnea, fever, chills/rigors, rash, pruritus, nausea/vomiting, headache, asthenia, and/or chest pain. For infusion-related reactions, temporarily slow the infusion to the previous rate or stop the infusion until symptoms abate. Once infusion-related symptoms resolve, infusion can then be increased to ½ the previous rate. STOP the infusion and call provider if: 1. Patient experiences a change in systolic blood pressure (SBP) greater than or equal to 20 mmHg from baseline OR BP drops less than or equal to 80/50. 2. Patient demonstrates symptoms of hypersensitivity or allergic reaction (i.e. dyspnea/bronchospasm, angioedema, etc.). Initiate Anaphylaxis and Acute Drug Hypersensitivity Protocol and emergency response (i.e. code blue) as indicated. Do not administer rituximab after 4:00 pm unless approved by prescribing physician.

◎ rituximab-arrx (RIABNI) 1,000 mg in sodium chloride 0.9% (NS) 350 mL infusion — Once — S — 1 treatment

1,000 mg, intravenous, Once, Starting at treatment start time

RIABNI TERTIARY AGENT Initial infusion instructions: Pre-medicate with acetaminophen and diphenhydramine. Begin first rituximab infusion at 25-50 mg/hour. Use lower rate of 25 mg/hour for patients at high risk for dose-related toxicity (i.e. history of arrhythmias, hypertension, WBCs greater than 25,000/mm3). If no reaction, increase rate by 50 mg/hour every 30 minutes to a maximum rate of 400 mg/hour. Do NOT filter. Monitoring instructions for all rituximab infusions: Monitor blood pressure, pulse, and respiratory rate every 30 minutes until maximum rate of 400 mg/hour and again at end of infusion. Recheck vital signs immediately prior to any rate increase. Infusion-related symptoms may include transient hypertension or hypotension (consider withholding antihypertensive medications 12 hours prior to rituximab infusion), flushing, dyspnea, fever, chills/rigors, rash, pruritus, nausea/vomiting, headache, asthenia, and/or chest pain. For infusion-related reactions, temporarily slow the infusion to the previous rate or stop the infusion until symptoms abate. Once infusion-related symptoms resolve, infusion can then be increased to ½ the previous rate. STOP the infusion and call provider if: 1. Patient experiences a change in systolic blood pressure (SBP) greater than or equal to 20 mmHg from baseline OR BP drops less than or equal to 80/50. 2. Patient demonstrates symptoms of hypersensitivity or allergic reaction (i.e. dyspnea/bronchospasm, angioedema, etc.). Initiate Anaphylaxis and Acute Drug Hypersensitivity Protocol and emergency response (i.e. code blue) as indicated. Do not administer rituximab after 4:00 pm unless approved by prescribing physician.

◎ riTUXimab (RITUXAN) 1,000 mg in sodium chloride 0.9% (NS) 350 mL infusion — Once — S — 1 treatment

Medications (continued)

	Interval	Defer Until	Duration

1,000 mg, intravenous, Once, Starting at treatment start time

RITUXAN NON-PREFERRED AGENT Initial infusion instructions: Pre-medicate with acetaminophen and diphenhydramine. Begin first rituximab infusion at 25-50 mg/hour. Use lower rate of 25 mg/hour for patients at high risk for dose-related toxicity (i.e. history of arrhythmias, hypertension, WBCs greater than 25,000/mm3). If no reaction, increase rate by 50 mg/hour every 30 minutes to a maximum rate of 400 mg/hour. Do NOT filter. Monitoring instructions for all rituximab infusions: Monitor blood pressure, pulse, and respiratory rate every 30 minutes until maximum rate of 400 mg/hour and again at end of infusion. Recheck vital signs immediately prior to any rate increase. Infusion-related symptoms may include transient hypertension or hypotension (consider withholding antihypertensive medications 12 hours prior to rituximab infusion), flushing, dyspnea, fever, chills/rigors, rash, pruritus, nausea/vomiting, headache, asthenia, and/or chest pain. For infusion-related reactions, temporarily slow the infusion to the previous rate or stop the infusion until symptoms abate. Once infusion-related symptoms resolve, infusion can then be increased to ½ the previous rate. STOP the infusion and call provider if: 1. Patient experiences a change in systolic blood pressure (SBP) greater than or equal to 20 mmHg from baseline OR BP drops less than or equal to 80/50. 2. Patient demonstrates symptoms of hypersensitivity or allergic reaction (i.e. dyspnea/bronchospasm, angioedema, etc.). Initiate Anaphylaxis and Acute Drug Hypersensitivity Protocol and emergency response (i.e. code blue) as indicated. Do not administer rituximab after 4:00 pm unless approved by prescribing physician.

☑ **SJH ONCBCN THERAPY RHEUM RITUXAN (BIOSIMILARS) 375 MG / 1000 MG - SUBSEQUENT**

◉	riTUXimab-abbs (TRUXIMA) 375 mg/m2 in sodium chloride 0.9% (NS) 250 mL infusion	Every 7 days	S+7	3 treatments

375 mg/m2, intravenous, Once, Starting at treatment start time

TRUXIMA FORMULARY AGENT Subsequent infusion instructions: Pre-medicate with acetaminophen and diphenhydramine. If a patient tolerated first rituximab infusion without significant reaction, subsequent rituximab infusions may be initiated at 100 mg/hour. If no reaction, rate may be increased by 100 mg/hour every 30 minutes to a maximum rate of 400 mg/hour. Do NOT filter. Monitoring instructions for all rituximab infusions: Monitor blood pressure, pulse, and respiratory rate every 30 minutes until maximum rate of 400 mg/hour and again at end of infusion. Recheck vital signs immediately prior to any rate increase. Infusion-related symptoms may include transient hypertension or hypotension (consider withholding antihypertensive medications 12 hours prior to rituximab infusion), flushing, dyspnea, fever, chills/rigors, rash, pruritus, nausea/vomiting, headache, asthenia, and/or chest pain. For infusion-related reactions, temporarily slow the infusion to the previous rate or stop the infusion until symptoms abate. Once infusion-related symptoms resolve, infusion can then be increased to ½ the previous rate. STOP the infusion and call provider if: 1. Patient experiences a change in systolic blood pressure (SBP) greater than or equal to 20 mmHg from baseline OR BP drops less than or equal to 80/50. 2. Patient demonstrates symptoms of hypersensitivity or allergic reaction (i.e. dyspnea/bronchospasm, angioedema, etc.). Initiate Anaphylaxis and Acute Drug Hypersensitivity Protocol and emergency response (i.e. code blue) as indicated. Do not administer rituximab after 4:00 pm unless approved by prescribing physician.

◎	riTUXimab-pvvr (RUXIENCE) 375 mg/m2 in sodium chloride 0.9% (NS) infusion	Every 7 days	S+7	3 treatments

375 mg/m2, intravenous, Once, Starting at treatment start time

RUXIENCE SECONDARY AGENCY Subsequent infusion instructions: Pre-medicate with acetaminophen and diphenhydramine. If a patient tolerated first rituximab infusion without significant reaction, subsequent rituximab infusions may be initiated at 100 mg/hour. If no reaction, rate may be increased by 100 mg/hour every 30 minutes to a maximum rate of 400 mg/hour. Do NOT filter. Monitoring instructions for all rituximab infusions: Monitor blood pressure, pulse, and respiratory rate every 30 minutes until maximum rate of 400 mg/hour and again at end of infusion. Recheck vital signs immediately prior to any rate increase. Infusion-related symptoms may include transient hypertension or hypotension (consider withholding antihypertensive medications 12 hours prior to rituximab infusion), flushing, dyspnea, fever, chills/rigors, rash, pruritus, nausea/vomiting, headache, asthenia, and/or chest pain. For infusion-related reactions, temporarily slow the infusion to the previous rate or stop the infusion until symptoms abate. Once infusion-related symptoms resolve, infusion can then be increased to ½ the previous rate. STOP the infusion and call provider if: 1. Patient experiences a change in systolic blood pressure (SBP) greater than or equal to 20 mmHg from baseline OR BP drops less than or equal to 80/50. 2. Patient demonstrates symptoms of hypersensitivity or allergic reaction (i.e. dyspnea/bronchospasm, angioedema, etc.). Initiate Anaphylaxis and Acute Drug Hypersensitivity Protocol and emergency response (i.e. code blue) as indicated. Do not administer rituximab after 4:00 pm unless approved by prescribing physician.

◎	rituximab-arrx (RIABNI) 375 mg/m2 in sodium chloride 0.9% (NS) 250 mL infusion	Every 7 days	S+7	3 treatments

Medications (continued)

	Interval	Defer Until	Duration

375 mg/m2, intravenous, Once, Starting at treatment start time

RIABNI TERTIARY AGENT Subsequent infusion instructions: Pre-medicate with acetaminophen and diphenhydramine. If a patient tolerated first rituximab infusion without significant reaction, subsequent rituximab infusions may be initiated at 100 mg/hour. If no reaction, rate may be increased by 100 mg/hour every 30 minutes to a maximum rate of 400 mg/hour. Do NOT filter. Monitoring instructions for all rituximab infusions: Monitor blood pressure, pulse, and respiratory rate every 30 minutes until maximum rate of 400 mg/hour and again at end of infusion. Recheck vital signs immediately prior to any rate increase. Infusion-related symptoms may include transient hypertension or hypotension (consider withholding antihypertensive medications 12 hours prior to rituximab infusion), flushing, dyspnea, fever, chills/rigors, rash, pruritus, nausea/vomiting, headache, asthenia, and/or chest pain. For infusion-related reactions, temporarily slow the infusion to the previous rate or stop the infusion until symptoms abate. Once infusion-related symptoms resolve, infusion can then be increased to ½ the previous rate. STOP the infusion and call provider if: 1. Patient experiences a change in systolic blood pressure (SBP) greater than or equal to 20 mmHg from baseline OR BP drops less than or equal to 80/50. 2. Patient demonstrates symptoms of hypersensitivity or allergic reaction (i.e. dyspnea/bronchospasm, angioedema, etc.). Initiate Anaphylaxis and Acute Drug Hypersensitivity Protocol and emergency response (i.e. code blue) as indicated. Do not administer rituximab after 4:00 pm unless approved by prescribing physician.

◎ riTUXimab (RITUXAN) 375 mg/m2 in sodium chloride 0.9% (NS) 250 mL infusion — Every 7 days — S+7 — 3 treatments

375 mg/m2, intravenous, Once, Starting at treatment start time

RITUXAN NON-PREFERRED AGENT Subsequent infusion instructions: Pre-medicate with acetaminophen and diphenhydramine. If a patient tolerated first rituximab infusion without significant reaction, subsequent rituximab infusions may be initiated at 100 mg/hour. If no reaction, rate may be increased by 100 mg/hour every 30 minutes to a maximum rate of 400 mg/hour. Do NOT filter. Monitoring instructions for all rituximab infusions: Monitor blood pressure, pulse, and respiratory rate every 30 minutes until maximum rate of 400 mg/hour and again at end of infusion. Recheck vital signs immediately prior to any rate increase. Infusion-related symptoms may include transient hypertension or hypotension (consider withholding antihypertensive medications 12 hours prior to rituximab infusion), flushing, dyspnea, fever, chills/rigors, rash, pruritus, nausea/vomiting, headache, asthenia, and/or chest pain. For infusion-related reactions, temporarily slow the infusion to the previous rate or stop the infusion until symptoms abate. Once infusion-related symptoms resolve, infusion can then be increased to ½ the previous rate. STOP the infusion and call provider if: 1. Patient experiences a change in systolic blood pressure (SBP) greater than or equal to 20 mmHg from baseline OR BP drops less than or equal to 80/50. 2. Patient demonstrates symptoms of hypersensitivity or allergic reaction (i.e. dyspnea/bronchospasm, angioedema, etc.). Initiate Anaphylaxis and Acute Drug Hypersensitivity Protocol and emergency response (i.e. code blue) as indicated. Do not administer rituximab after 4:00 pm unless approved by prescribing physician.

◎ riTUXimab-abbs (TRUXIMA) 1,000 mg/m2 in sodium chloride 0.9% (NS) 250 mL infusion — Every 7 days — S+7 — 3 treatments

1,000 mg/m2, intravenous, Once, Starting at treatment start time

TRUXIMA FORMULARY AGENT Subsequent infusion instructions: Pre-medicate with acetaminophen and diphenhydramine. If a patient tolerated first rituximab infusion without significant reaction, subsequent rituximab infusions may be initiated at 100 mg/hour. If no reaction, rate may be increased by 100 mg/hour every 30 minutes to a maximum rate of 400 mg/hour. Do NOT filter. Monitoring instructions for all rituximab infusions: Monitor blood pressure, pulse, and respiratory rate every 30 minutes until maximum rate of 400 mg/hour and again at end of infusion. Recheck vital signs immediately prior to any rate increase. Infusion-related symptoms may include transient hypertension or hypotension (consider withholding antihypertensive medications 12 hours prior to rituximab infusion), flushing, dyspnea, fever, chills/rigors, rash, pruritus, nausea/vomiting, headache, asthenia, and/or chest pain. For infusion-related reactions, temporarily slow the infusion to the previous rate or stop the infusion until symptoms abate. Once infusion-related symptoms resolve, infusion can then be increased to ½ the previous rate. STOP the infusion and call provider if: 1. Patient experiences a change in systolic blood pressure (SBP) greater than or equal to 20 mmHg from baseline OR BP drops less than or equal to 80/50. 2. Patient demonstrates symptoms of hypersensitivity or allergic reaction (i.e. dyspnea/bronchospasm, angioedema, etc.). Initiate Anaphylaxis and Acute Drug Hypersensitivity Protocol and emergency response (i.e. code blue) as indicated. Do not administer rituximab after 4:00 pm unless approved by prescribing physician.

◎ riTUXimab-pvvr (RUXIENCE) 1,000 mg in sodium chloride 0.9% (NS) 1,000 mL infusion — Every 7 days — S+7 — 3 treatments

Medications (continued)

	Interval	Defer Until	Duration

1,000 mg, intravenous, Once, Starting at treatment start time

RUXIENCE SECONDARY AGENCY Subsequent infusion instructions: Pre-medicate with acetaminophen and diphenhydramine. If a patient tolerated first rituximab infusion without significant reaction, subsequent rituximab infusions may be initiated at 100 mg/hour. If no reaction, rate may be increased by 100 mg/hour every 30 minutes to a maximum rate of 400 mg/hour. Do NOT filter. Monitoring instructions for all rituximab infusions: Monitor blood pressure, pulse, and respiratory rate every 30 minutes until maximum rate of 400 mg/hour and again at end of infusion. Recheck vital signs immediately prior to any rate increase. Infusion-related symptoms may include transient hypertension or hypotension (consider withholding antihypertensive medications 12 hours prior to rituximab infusion), flushing, dyspnea, fever, chills/rigors, rash, pruritus, nausea/vomiting, headache, asthenia, and/or chest pain. For infusion-related reactions, temporarily slow the infusion to the previous rate or stop the infusion until symptoms abate. Once infusion-related symptoms resolve, infusion can then be increased to ½ the previous rate. STOP the infusion and call provider if: 1. Patient experiences a change in systolic blood pressure (SBP) greater than or equal to 20 mmHg from baseline OR BP drops less than or equal to 80/50. 2. Patient demonstrates symptoms of hypersensitivity or allergic reaction (i.e. dyspnea/bronchospasm, angioedema, etc.). Initiate Anaphylaxis and Acute Drug Hypersensitivity Protocol and emergency response (i.e. code blue) as indicated. Do not administer rituximab after 4:00 pm unless approved by prescribing physician.

◎	rituximab-arrx (RIABNI) 1,000 mg in sodium chloride 0.9% (NS) 350 mL infusion	Every 7 days	S+7	3 treatments

1,000 mg, intravenous, Once, Starting at treatment start time

RIABNI TERTIARY AGENT Subsequent infusion instructions: Pre-medicate with acetaminophen and diphenhydramine. If a patient tolerated first rituximab infusion without significant reaction, subsequent rituximab infusions may be initiated at 100 mg/hour. If no reaction, rate may be increased by 100 mg/hour every 30 minutes to a maximum rate of 400 mg/hour. Do NOT filter. Monitoring instructions for all rituximab infusions: Monitor blood pressure, pulse, and respiratory rate every 30 minutes until maximum rate of 400 mg/hour and again at end of infusion. Recheck vital signs immediately prior to any rate increase. Infusion-related symptoms may include transient hypertension or hypotension (consider withholding antihypertensive medications 12 hours prior to rituximab infusion), flushing, dyspnea, fever, chills/rigors, rash, pruritus, nausea/vomiting, headache, asthenia, and/or chest pain. For infusion-related reactions, temporarily slow the infusion to the previous rate or stop the infusion until symptoms abate. Once infusion-related symptoms resolve, infusion can then be increased to ½ the previous rate. STOP the infusion and call provider if: 1. Patient experiences a change in systolic blood pressure (SBP) greater than or equal to 20 mmHg from baseline OR BP drops less than or equal to 80/50. 2. Patient demonstrates symptoms of hypersensitivity or allergic reaction (i.e. dyspnea/bronchospasm, angioedema, etc.). Initiate Anaphylaxis and Acute Drug Hypersensitivity Protocol and emergency response (i.e. code blue) as indicated. Do not administer rituximab after 4:00 pm unless approved by prescribing physician.

◎	riTUXimab (RITUXAN) 1,000 mg in sodium chloride 0.9% (NS) 350 mL infusion	Every 7 days	S+7	3 treatments

1,000 mg, intravenous, Once, Starting at treatment start time

RITUXAN NON-PREFERRED AGENT Subsequent infusion instructions: Pre-medicate with acetaminophen and diphenhydramine. If a patient tolerated first rituximab infusion without significant reaction, subsequent rituximab infusions may be initiated at 100 mg/hour. If no reaction, rate may be increased by 100 mg/hour every 30 minutes to a maximum rate of 400 mg/hour. Do NOT filter. Monitoring instructions for all rituximab infusions: Monitor blood pressure, pulse, and respiratory rate every 30 minutes until maximum rate of 400 mg/hour and again at end of infusion. Recheck vital signs immediately prior to any rate increase. Infusion-related symptoms may include transient hypertension or hypotension (consider withholding antihypertensive medications 12 hours prior to rituximab infusion), flushing, dyspnea, fever, chills/rigors, rash, pruritus, nausea/vomiting, headache, asthenia, and/or chest pain. For infusion-related reactions, temporarily slow the infusion to the previous rate or stop the infusion until symptoms abate. Once infusion-related symptoms resolve, infusion can then be increased to ½ the previous rate. STOP the infusion and call provider if: 1. Patient experiences a change in systolic blood pressure (SBP) greater than or equal to 20 mmHg from baseline OR BP drops less than or equal to 80/50. 2. Patient demonstrates symptoms of hypersensitivity or allergic reaction (i.e. dyspnea/bronchospasm, angioedema, etc.). Initiate Anaphylaxis and Acute Drug Hypersensitivity Protocol and emergency response (i.e. code blue) as indicated. Do not administer rituximab after 4:00 pm unless approved by prescribing physician.

Emergency Medications

		Interval	Defer Until	Duration
☐	**SJH ONCBCN HYPERSENSITIVITY MEDS**			
☐	IV/CVAD Line Care	PRN	S	Until discont'd

		Interval	Defer Until	Duration
	Access existing central venous access device or insert peripheral IV as needed. Restart peripheral IV catheter (as needed) for any signs of redness, pain, swelling.			
☐	Deaccess/Discontinue CVAD	PRN	S	Until discont'd
	No details available for preview			
☐	Oxygen Therapy	PRN	S	Until discont'd
	No details available for preview			
☐	sodium chloride 0.9% (NS) infusion	PRN	S	Until discont'd
	1,000 mL, intravenous, at 500 mL/hr, Continuous PRN, Hypersensitivity reaction to chemotherapy, Starting when released, Until Discontinued Initiate infusion at 500 ml/hr. Titrate up to 999ml/hr to maintain SBP greater than 100.			
	Start for any grade of reaction.			
☐	diphenhydrAMINE (BENADRYL) injection 50 mg	PRN	S	Until discont'd
	50 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Start for any grade of reaction.			
☐	famotidine (PEPCID) injection 20 mg	PRN	S	Until discont'd
	20 mg, intravenous, Once as needed, Hypersensitivity reaction Start for any grade of reaction.			
☐	dexamethasone (DECADRON) injection	PRN	S	Until discont'd
	10 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Give for Grade II - MODERATE symptoms or Grade III - SEVERE/Anaphylaxis Symptoms			
☐	EPINEPHrine (ADRENALIN) HYPERSENSITIVITY USE injection 1 mg/mL	PRN	S	Until discont'd
	0.3 mg, intraMUSCULAR, Once as needed, Hypersensitivity reaction, Starting when released Do NOT administer via direct IV injection without dilution.			
	Give for Grade III - SEVERE/Anaphylaxis Symptoms.			