RiTUXimab Infusion
ORDER FORM

REDINGTON-FAIRVIEW GENERAL HOSPITAL
(207) 474-5121 / WWW.RFGH.NET
Skowhegan, Maine

REQUIRED DOCUMENTATION:
- ❑ Documentation supporting diagnosis and prior therapies for diagnosis.
- ❑ Documentation of hepatitis B vaccination or serologic testing for hepatitis B virus (hep B surface antigen, hep B surface antibody, hep B core antibody).
- ❑ Documentation of Hepatitis C screen.
- ❑ List of current medications and allergies

Diagnosis: Patient weight _____ **kgs** Height _____ **inches**

Labs: □ CBC, COMP every Others:

ORDERS
- ❑ Instruct/remind patient to hold antihypertensive medications for 12 hours prior to scheduled infusion. (Consider to reduce the risk of hypotensive infusion reactions.)Document weight prior to each treatment.
- ☑ Recalculate dose if > 10% increase or decrease in patient weight.
- ☑ Provide FDA medication guide prior to first dose.
- ☑ Instruct patient on signs of infusion type reaction & to immediately report headache, difficulty breathing, chest pain, or discomfort.
- ☑ Assess for infection. Delay administration if active infection.
- ☑ Alteplase 2 mgs to restore function of central IV access device, as needed, per RFGH procedure.

PREMEDS
- ❑ Acetaminophen PO 650 mg **-or-** _____ mg
- ❑ Loratadine 10mg PO **-or-** ❑ Diphenhydramine PO 25 mg **-or-** _____ mg **-or-** ❑ Diphenhydramine IV 25 mg **-or-**____ mg
- ❑ MethylprednisoLONE IV 100 mg IVP
- ❑ Other:

PRN: Interrupt infusion and contact provider and/or implement code grey as appropriate.
- ☑ Rigors: Meperidine 25 mg IV push every 15 minutes x 2
- ☑ Hives: diphenhydramine 25 mg IV push x1
- ☑ Hypotension: Sodium chloride 0.9% 500 ml bolus
- ☑ Severe/dyspnea/bronchospasms during infusion: Hydrocortisone sodium succinate 100 mg IV push
- ☑ Emergent dyspnea or bronchospoasm during infusion: Epinephrine 0.3 mg IM (Epi-Pen)

Choose agent:
- ❑ riTUXimab-abs (Truxima)
- ❑ riTUXimab-pvvr (Ruxience)
- ❑ riTUXimab index agent (Rituxan)
- ❑ Other:

Dose_____ mg/m^2 rounded to nearest 100mg.

Calculated dose_____
Optional – pharmacy will calculate and verify.

Dosing interval *Maximum 12 months total*

Every _____ weeks for _____ dose/months (circle); then Every _____ weeks for _____ dose/months (circle)

See 2nd page for information on standard dilution, infusion rates and monitoring

REQUIRED Prior Authorization Number: _____ [ ] pending [ ] Complete [ ] not needed*
*If not needed is chosen, date, time and name of person at health insurer who authorized.

Date:_____ Time:_____ Name:_____

Checklist for non-RFGH credentialed providers:
[ ] Provider to provider communication is required. If the patient has a Primary Care Provider at RFGH, please contact that PCP. Otherwise, **call (207) 474-5121** and ask to speak to hospitalist . Contacted provider: _____
[ ] Problem list & medication list attached to orders.

FAX to RFGH Infusion clinic at 207-858-2404 Contact Infusion Clinic at 207-858-8722

Provider signature _____Date_____time_____

If not RFGH credentialed: Printed name_____ Phone # _____

RFGH Co-sign _____ Date_____

Printed name_____ Time_____

Rev 7/25 Originator: Pharmacy

Patient name_____

Date of birth_____

Patient phone number_____

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INFUSION and Monitoring

Dilution: Dilute in 250mls of sodium chloride 0.9%. Adjust volume as needed to insure final concentration between 1 to 4 mg/ml

Monitoring:

a. Check and document blood pressure, heart rate, and respirations before infusion, every 15 minutes x 2, every 30 minutes for duration of infusion, at end of infusion. Observe for 30 minutes after infusion complete. If patient unable to report symptoms of infusion related reaction, monitor vital signs as above, every 15 minutes for the duration of the infusion.

b. Check SaO2 before infusion and prn.

Infusion: *Initial infusion* at 50 **mg**/hour. If no hypersensitivity or infusion events, increase by 50 **mg**/hour every 30 minutes to maximum rate of 400 **mg** per hour.

- If initial infusion is well tolerated, **second infusion** may start at 100 **mg**/hour and increase in 100 **mg**/hour increments every 30 minutes, to a maximum rate of 400 mg/ hour..
- If increased rate tolerated for2nd infusion, **subsequent infusions** may be started at 200 mL /hour and increased to 400 mL/ hour after 30 minutes.
- If more than 8 weeks have elapsed between doses, treat as initial infusion and start at 50 **mgs**/ hour.

See back of form for common infusion reactions and management

Infusion Reactions

SEVERE:

- RiTUXimab has caused severe infusion reactions. The most severe manifestations and sequelae include pulmonary infiltrates, acute respiratory distress syndrome, MI, ventricular fibrillation, and cardiogenic shock..
- Most occurred within the first 30 to 120 minutes of the first infusion
- The following factors are associated with increased risk: female gender, pulmonary infiltrates, and chronic lymphocytic leukemia or mantle cell lymphoma.

➔ If any of these signs and symptoms of a severe infusion reaction occurs- **hypotension, chest pain, angioedema, hypoxia, or bronchospasm, i**nterrupt the riTUXimab infusion and contact the physician or hospitalist.
For hives – Administer Diphenhydramine 25-~~50mg~~ IV
For symptoms of anaphylaxis – Administer Epinephrine 0.3mg SQ x1 and hydrocortisone 100mg IV
If patient hypotensive, increase rate of sodium chloride 0.9% to wide open.
If **oxygen saturations dropping**, administer oxygen at 2 liters via nasal cannula or non-rebreather mask.

Other treatments may be indicated and ordered by the physician, including, IV fluids, vasopressors, bronchodilators, diphenhydramine, and acetaminophen.
In most cases, the infusion can be resumed at a 50% reduction in rate (eg, from 100 mg/hour to 50 mg/hour) when symptoms have completely resolved.

MILD TO MODERATE: Fever and chills are very common.

Other common infusion reactions include: nausea, pruritus, asthenia, headache, throat irritation, rhinitis, urticaria, rash, vomiting, myalgia, dizziness. If these occur, stop infusion. Resume at half previous rate when symptoms resolve.