



GREATER BOSTON INFUSION CENTER

17/19 Kendrick St, Wrentham, MA 02093

P 774-581-0032 | F 774-581-0033

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Rituximab - Referral Checklist

Referral packet checklist

Complete this page and attach the supporting items below.

PATIENT & REFERRING PROVIDER

PATIENT NAME

DOB

DATE

REFERRING PROVIDER

NPI

DIRECT CONTACT / EXT.

OFFICE / PRACTICE

PHONE

FAX

EMAIL

URGENT CLINICAL CONTACT

REQUIRED REFERRAL PACKET

- ☐ Patient demographics and contact information
- ☐ Primary and secondary insurance information; front/back card copies
- ☐ Supporting clinical notes / office visits documenting Rituximab treatment plan
- ☐ Current medication list and allergies
- ☐ Relevant laboratory results / imaging and baseline safety information
- ☐ Completed Rituximab prescribing order (following page)

MEDICATION-SPECIFIC CLINICAL DOCUMENTATION

- Note should include any therapies tried/failed, and must include discussion about Rituximab
- Medication list and allergies
- oBaseline: CBC w diff, Plt, CMP, Hepatitis B surface antibody, Hepatitis B core antibody, and negative TB
- Continued Therapy: monitor CBC w diff and platelets every 2-4 months

GBIC INTERNAL USE

REFERRAL RECEIVED

BENEFITS VERIFIED

PA STATUS / THROUGH

SCHEDULED



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Prescribing Order - Rituximab

☐ New Start

☐ Maintenance

DATE OF LAST DOSE / INFUSION

ORDER DETAILS

DATE OF ORDER

PATIENT NAME

DOB

M/F

DIAGNOSIS / ICD-10

☐ NKDA

PATIENT WEIGHT

ALLERGIES

PREMEDICATIONS

☐ Acetaminophen 1000mg PO

☐ Diphenhydramine 25mg IV

☐ Loratadine 10mg or Cetirizine 10mg PO

☐ Solu-medrol 125mg IV

☐ Diphenhydramine 25mg PO

☐ Other

LAB ORDERS

☐ CBC w/diff, Plt every

☐ Other



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Prescribing Order - Rituximab (continued)

MEDICATION ORDER

☐ Infuse Rituxan OR ☐ Rituximab biosimilar as required by patient's insurance

Dosing: ☐ 500mg ☐ 1000mg ☐ Other

Frequency: ☐ On Day 1 and Day 15 every 6 months ☐ Other

ADMINISTRATION & MONITORING

- ✓ Dilute Rituximab in 0.9% Sodium Chloride, volume (ml) equal to rituximab dose (mg)
- ✓ First infusion: Initiate infusion at rate of 50ml/hr and increase 50ml/hr every 30min to max rate of 400ml/hr
- ✓ Subsequent Infusions: Initiate infusion at rate of 100ml/hr and increase 100ml/hr every 30min to a maximum rate of 400ml/hr
- ✓ Do not administer if patient has active signs or symptoms of infection.
- ✓ In case of infusion reaction, STOP infusion and follow GBIC/GBIC infusion reaction protocol. Notify physician.
- ✓ Signature Date

PROVIDER AUTHORIZATION

ORDERING PROVIDER NAME

NPI

DATE

SIGNATURE

OFFICE PHONE / EXT.

Handwritten or compliant electronic signature