



Physician's Orders for Rituxan Infusion for patients with rheumatoid arthritis (RA)

INDICATION: Rituxan® (rituximab) in combination with methotrexate is indicated for the treatment of adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more TNF antagonist therapies. Rituxan is not recommended for treatment of patients with severe active infections.

Patient Information

Patient's name _____
Date of birth _____
Allergies _____
Other relevant history _____

PHYSICIAN'S NAME _____
PHONE _____
FAX _____
E-MAIL _____

Premedication

- Diphenhydramine (Dose _____ Route _____)
- Acetaminophen (Dose _____ Route _____)
- Glucocorticoid _____ (Dose _____ Route _____)
For patients with RA, methylprednisolone 100 mg IV or its equivalent is recommended 30 minutes prior to each infusion.
- Other _____ (Dose _____ Route _____)

Rituxan dosing

Total Rituxan dose for each infusion _____ mg **Infusion frequency** _____
For patients with RA, the Rituxan dose is 1000 mg on Day 1 and Day 15. For RA, Rituxan is given in combination with methotrexate.

PRN orders in the event of infusion reactions

Physician's PRN orders _____
Medication _____ (Dose _____ Route _____)
Medication _____ (Dose _____ Route _____)

Additional instructions from the physician _____

Ordering Physician Signature _____

Ordering Physician Name (Print) _____

Date _____

CONTINUED ON REVERSE SIDE.



IMPORTANT SAFETY INFORMATION: Rituxan has been associated with **fatal infusion reactions, tumor lysis syndrome (TLS), severe mucocutaneous reactions, and progressive multifocal leukoencephalopathy (PML).**

Other serious, potentially fatal adverse reactions include hepatitis B reactivation, other infections including bacterial, fungal, new or reactivated viral infections, and cardiovascular events.

Common adverse reactions include infusion reactions and infections.

For additional safety information, please see the full prescribing information, including **BOXED WARNINGS** and Medication Guide.

Rituxan
Rituximab



Information About Infusion Reactions

REVIEW MEDICATION GUIDE WITH PATIENT PRIOR TO EACH INFUSION.

If severe infusion reaction occurs

Make sure to follow your office's or institution's protocol for identifying and managing infusion reactions.

- Interrupt the infusion
- Medications and supportive care measures should be available and instituted as medically indicated for use in the event of a reaction during administration. These may include, but are not limited to:
 - IV fluids
 - Epinephrine
 - Glucocorticoids
 - Bronchodilators
 - Antihistamines
 - Oxygen
 - Acetaminophen
- In most cases, the infusion can be resumed at 50% of the previous rate (eg, 100 mg/h to 50 mg/h) when symptoms have completely resolved¹

After the infusion

- Instruct patients and family members or attendants about symptoms to watch for and what actions to take in the event of post-infusion symptoms such as¹:
 - Hives or rash
 - Weakness
 - Itching
 - Dizziness or feeling faint
 - Swelling of the lips, tongue, throat, or face
 - Palpitations
 - Sudden cough
 - Chest pain
 - Shortness of breath, difficulty breathing, or wheezing
- Instruct patients and family members or attendants to seek immediate medical attention if they notice any of the above symptoms

Common Adverse Events

In RA clinical trials, the most common adverse events with greater incidence in the group receiving Rituxan (n=540) vs the placebo group (n=398) were hypertension (8% vs 5%), nausea (8% vs 5%), upper respiratory tract infection (7% vs 6%), arthralgia (6% vs 4%), pyrexia (5% vs 2%), and pruritus (5% vs 1%). These data are based on 938 patients treated in phase 2 and 3 studies of Rituxan (2 x 1000 mg) or placebo administered in combination with methotrexate.

Fax-back infusion confirmation

Administration date _____ Administration time _____

Notes _____

Infusion Nurse Signature Infusion Nurse Name (Print) Date Phone Fax E-mail

Reference: 1. Rituxan [package insert]. South San Francisco, CA: Biogen Idec Inc and Genentech USA, Inc; April 2011.

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