

Rituximab

(including Rituxan and biosimilars: Riabni, Ruxience, Truxima)

Provider Order Form rev. 1/12/2026



AMERICAN
INFUSION CARE

SPECIALTY INFUSION

PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Patient Full Name: _____ DOB: _____ Phone: _____ Gender: ☐ M ☐ F ☐ Other

Email Address: _____ Address: _____ Weight (lbs/kg): _____ Height (in): _____

☐ NKDA Allergies: _____ Existing prior authorization? ☐ Yes, (Send a copy) ☐ No (AIC will process)

Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: _____ Next Due Date: _____

Patient Preferred Location: _____

DIAGNOSIS & CLINICAL INFORMATION

ICD 10-Code & Description (Provide full completed code)

- ☐ D59.10 Autoimmune hemolytic anemia, unspecified
☐ D89.1 Cryoglobulinemia
☐ I77.6 Arteritis, unspecified
☐ M05.10 Rheumatoid lung disease w/rheumatoid arthritis of unspecified site
☐ M05.79 Rheumatoid arthritis with rheumatoid factor multiple sites without organ system involvement
☐ M05.9 Rheumatoid arthritis with rheumatoid factor, unspecified
☐ M06.09 Rheumatoid arthritis without rheumatoid factor, multiple sites
☐ M06.89 Other specified rheumatoid arthritis, multiple sites
☐ M06.9 Rheumatoid arthritis, unspecified

- ☐ M31.30 Wegener's granulomatosis without renal involvement
☐ M31.31 Wegener's granulomatosis with renal involvement
☐ M31.7 Microscopic polyangitis
☐ N01.7 Rapidly progressive nephrotic syndrome with diffuse crescentic glomerulonephritis
☐ N03.2 Chronic nephritic syndrome with diffuse membranous glomerulonephritis
☐ N04.2 Nephrotic syndrome with diffuse membranous glomerulonephritis
☐ Other: _____

REQUIRED DOCUMENTATION: Please include insurance card (front & back), all patient demographics, history & physicals, medication lists, recent lab results (CBC, CMP, TB, Hep B panel-depending on medication), signed prescription order and recent visit notes.

Confirm that these and the required lab orders have been sent to American Infusion Care and necessary parties.

PRESCRIPTION INFORMATION

Nursing: Provide nursing care per American Infusion Care - Specialty Infusions protocols, including reaction management and post-procedure observation

Pre-Medications

- ☐ Acetaminophen (Tylenol) ☐ 500mg ☐ 650mg ☐ 1000mg PO
☐ Cetirizine (Zyrtec) 10mg PO
☐ Loratadine (Claritin) 10mg PO
☐ Diphenhydramine (Benadryl) ☐ 25mg ☐ 50mg ☐ PO ☐ IV
☐ Methylprednisolone (Solu-Medrol) ☐ 40mg ☐ 125mg IV
☐ Other: _____ Dose: _____ Route: _____

Lab Orders

Required: Hep B Panel: HBsAg, HBsAb (anti-HBs), HBcAb (anti-HBc)
☐ Other: _____

Rituximab (Select one):

Choose ONE of these two options:

- ☐ Rituximab biosimilar (e.g., Ruxience™, Riabni, or Truxima®) as permitted by patient's insurance
☐ Preferred Product: ☐ Truxima ☐ Ruxience ☐ Riabni
☐ 1000mg OR _____ mg OR _____ mg/kg
☐ Rituximab (Rituxan®)
☐ Infuse 375 mg/m2 IV once weekly for _____ doses.
☐ Infuse 375 mg/m2 IV on Day 1 of each chemotherapy cycle for up to _____ infusions.
☐ Infuse 1000 mg IV on Week 0 and Week 2.
☐ Other: _____

Frequency:

- ☐ Infuse Single Dose
☐ Infuse every week for 4 weeks total
☐ Infuse initial dose at day 1 followed by 2nd dose on day 15, then repeat cycle every _____ months for one year
☐ Other frequency: _____ for one year

Post Treatment Observations: The patient is required to stay for 30 minutes following the first administration.

☐ Refills: ☐ zero ☐ 6 months ☐ 12 months ☐ _____ (Prescription valid for one year, unless otherwise indicated)

Special Instructions: _____

PROVIDER INFORMATION

Provider Full Name: _____ Provider NPI #: _____ Specialty: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone: _____ Fax: _____ Email: _____

Provider Name (Print)

Provider Signature

Date

E: Referrals@americaninfusioncare.com
Americaninfusioncare.com

Greater Houston Area F: 832.510.7824 P: 832.800.3213
McAllen F: 956.302.8906 P: 832.800.3213 Plano: F: 214.831.9829 P: 972.865.4454
Harlingen F: 956.341.9687 P: 832.800.3213 Laredo F: 956.306.3715 P: 832.800.3213
Other Locations (Oaklawn, Lancaster, etc): F: 469.305.2361 P: 972.865.4454