

North Texas Specialty Pharmacy and Infusion Centers

3409 Worth St. Sammons Ste.710 Dallas, TX 75246 (214)823-2533 FAX (214)887-0436 www.NTISP.org

Rituxan® (rituximab) Enrollment Form

Patient Information

Last Name		First Name	MI
Street Address	City	State	Zip Code
Phone (daytime)	Phone (cell)	Date of Birth	

Primary Insurance Information Secondary Insurance Information Pharmacy Insurance Card

Insurance Company		Insurance Company	Insurance Company
Cardholder Name	SSN	Cardholder Name	SSN
Group / Policy Number	Group / Policy Number	BIN Number	Group Number

Physician Information

Physician Name		Contact Person	
Street Address	City	State	Zip Code
Physician DEA Number	Phone Number	Fax Number	

Statement of Medical Necessity

714.0 Rheumatoid Arthritis 720.0 Ankylosing Spondylitis (date diagnosed) _____
 Other: ICD-9 Code: _____ Description: _____ (date diagnosed) _____

Pertinent Medical History

Patient Weight: _____ Height: _____ Last dose of Rituxan date: _____
Tuberculin (PPD) skin test date _____ results: Negative Positive Hep B surface antigen Negative Positive
Initial LFT normal: No Yes History of CHF: No Yes Administer Hep B vaccine: No Yes

Prescription Orders

Rituxan® (rituximab) (quantity: 500 mg per vial) _____ infusion supplies and diluents _____ NS and heparin 100u/ml flush
 Dispense as written Substitution allowed
Sig: Infuse _____ mg over 5 hours on Day 1 and over 4.5 hours on day 15 Anticipated start date _____
 Rituxan Refills: _____ times
Premeds: Benadryl: 25 mg IVP Benadryl 50 mg IVP Promethazine 25mg IVP SoluMedrol 125 mg IVP

If premeds are not indicated they will be given on a PRN basis in accordance with the Rituxan Care Plan

Allergies: _____

Standing lab orders: CMP CBC ESR CRP Refill _____ times

Physician's signature _____

Date _____

Fax completed from to (214) 887-0436.

Insurance / Clearance questions call (214) 276-5642 or e-mail mike.ellis@ntisp.org. Pharmacy / Clinical questions call (214) 276-5623.

Please include the following documents when faxing the enrollment form: Copy of the patient's insurance card(s) (front & back), Pharmacy Benefits Card, lab work, letter of medical necessity and any other documentation supporting the use of Rituxan (rituximab).

Patient's Preferred Infusion Center Location: Downtown Dallas NorthPark

Updated 06/30/2010