

Infliximab (Remicade, Avsola, Inflectra, Renflexis)

Provider Order Form rev. 4/10/2022

PATIENT INFORMATION

Referral Status (check one): New Referral Updated Order Order Renewal

Patient Name: _____ DOB: _____

NKDA Allergies: _____ Weight _____ Please specify: lbs kg Height: _____

Patient Status (check one): New to Therapy Continuing Therapy | Last Treatment Date: _____ Next Due Date: _____

ICD-10 code (required): _____ ICD-10 description: _____

REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.

PRESCRIPTION

NURSING

- TB status & date (list results here & attach clinicals) _____
- Hepatitis B status & date (list results here & attach clinicals) _____
- Provide nursing care per AdaptIV Infusion Nursing Procedures, including reaction management and post-procedure observation

LABORATORY ORDERS

- CBC at each dose every _____
- CMP at each dose every _____
- CRP at each dose every _____
- Other: _____

PRE-MEDICATION ORDERS

- 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
 - hydrocortisone (Solu-Cortef) 100mg IV
 - Other: _____
- Dose: _____ Route: _____
Frequency: _____

SPECIAL INSTRUCTIONS

THERAPY ADMINISTRATION

Many payors require patients start therapy with an infliximab biosimilar. Choose ONE of these two options:

- 1. Infuse infliximab (Remicade) OR infliximab biosimilar as required by patient's insurance.
- 2. Infuse this infliximab product (subject to prior authorization):

[Products include: Remicade, Avsola, Inflectra and Renflexis]
- Mix in 250ml 0.9% sodium chloride, intravenous infusion over two hours (use in line filter 1.2 micron or less)
 - Dose: 3mg/kg 5mg/kg 7.5mg/kg 10mg/kg
 - Other: _____
 - Round up to nearest 100mg OR Give exact dose
 - Frequency: induction: week 0, 2, 6, and then every 8 weeks/
 - maintenance: every 8 weeks / other: _____
 - Infusion rate: 10ml/hr x 15 min
 - Increase to: 20ml/hr x 15 min, 40ml/hr x 15 min, 80ml/hr x 15 min, 150ml/hr x 30 min, 250ml/hr until complete
- Flush with 0.9% sodium chloride at infusion completion
- Patient is required to stay for 30-minute observation
- Refills: Zero / for 12 months / other: _____
[If additional treatments are needed, please submit a new order form.]

- * Perform test for latent TB; if positive, start treatment for TB prior to starting treatment. Monitor all patients for active TB during treatment, even if initial latent TB test is negative.
- * Patients should be tested for HBV infection before initiating TNF blocker therapy, including REMICADE. For patients who test positive for hepatitis B surface antigen, consultation with a physician with expertise in the treatment of hepatitis B is recommended.

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____
Ordering Provider: _____ Provider NPI: _____
Referring Practice Name: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ Zip Code: _____

Provider Name (Print)

Provider Signature

Date