

Infliximab (Remicade, Avsola, Renflexis)

Provider Order Form rev. 3/1/2023



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PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Date: _____ Patient Name: _____ DOB: _____

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

NKDA Allergies: _____ Weight (lbs/kg): _____ Height: _____

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

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

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

NURSING

- TB status & date (list results here & attach clinicals)

- Hepatitis B status & date (list results here & attach clinicals)

- Provide nursing care per 360 Infusion Center 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, 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 / _____
(if not indicated order will expire one year from date signed)

*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 Name (Print)

Provider Signature

Date