

Infliximab (Remicade, Avsola, Renflexis)



Provider Order Form rev. 1/11/2023

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 IVX Nursing Procedures, including reaction management and post-procedure observation
NOTE: IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 09.07.2021)

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 _____

FAX NUMBERS				
<input type="checkbox"/> BAY AREA: 844-889-0275	<input type="checkbox"/> CHICAGO: 312-253-7244	<input type="checkbox"/> HARRISBURG: 844-859-4235	<input type="checkbox"/> PALM BEACH: 561-768-9044	<input type="checkbox"/> TAMPA: 844-946-0849
<input type="checkbox"/> CHARLOTTE: 336-663-0143	<input type="checkbox"/> COLUMBUS: 844-627-2675	<input type="checkbox"/> INDIANAPOLIS: 844-983-2028	<input type="checkbox"/> PHILADELPHIA: 844-820-9641	<input type="checkbox"/> WEST TN/AR: 888-615-1445
<input type="checkbox"/> CINCINNATI: 844-946-0868	<input type="checkbox"/> DAYTONA: 386-259-6096	<input type="checkbox"/> JACKSONVILLE: 904-212-2338	<input type="checkbox"/> RALEIGH: 919-287-2551	<input type="checkbox"/> MIDDLE TN: 888-615-1445
<input type="checkbox"/> FT. LAUDERDALE: 754-946-2052	<input type="checkbox"/> KANSAS CITY: 844-900-1292	<input type="checkbox"/> ORLANDO: 844-946-0867	<input type="checkbox"/> SARASOTA: 941-870-6550	<input type="checkbox"/> EAST TN: 615-425-7427
<input type="checkbox"/> SOUTHWEST FL: 813-283-9144				