

# Infliximab (Remicade, Avsola, Inflectra, Renflexis)



Provider Order Form rev. 4/19/2022

## PATIENT INFORMATION

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	
<b>Patient Status:</b> <input type="checkbox"/> New to Therapy <input type="checkbox"/> 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

- 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](http://www.ivxhealth.com/forms) (version 09.07.2021)
- Hepatitis B status & date (list results here & attach clinicals)  
\_\_\_\_\_
- TB status & date (list results here & attach clinicals)  
\_\_\_\_\_

## 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: \_\_\_\_\_

## 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 infusion complete
- Flush with 0.9% sodium chloride at infusion completion
- Patient is required to stay for 30-minute observation post infusion
- Patient is NOT required to stay for observation time
- Refills:  Zero /  for 12 months /  \_\_\_\_\_  
(if not indicated order will expire one year from date signed)

## SPECIAL INSTRUCTIONS

\*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
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### FAX NUMBERS

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|---|---|---|---|
| <input type="checkbox"/> CHICAGO: 312-253-7244    | <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"/> COLUMBUS: 844-627-2675   | <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"/> BAY AREA: 844-889-0275   | <input type="checkbox"/> DAYTONA: 386-259-6096      | <input type="checkbox"/> KANSAS CITY: 844-900-1292  | <input type="checkbox"/> SARASOTA: 941-870-6550     |
| <input type="checkbox"/> CHARLOTTE: 336-663-0143  | <input type="checkbox"/> HARRISBURG: 844-859-4235   | <input type="checkbox"/> ORLANDO: 844-946-0867      | <input type="checkbox"/> SOUTHWEST FL: 813-283-9144 |
| <input type="checkbox"/> CINCINNATI: 844-946-0868 | <input type="checkbox"/> HARTFORD: 860-955-1532     | <input type="checkbox"/> PALM BEACH: 561-768-9044   | <input type="checkbox"/> TAMPA: 844-946-0849        |