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| ADULT AMBULATORY INFUSION ORDER **Infliximab (REMICADE)****Infliximab-abda (RENFLEXIS)****Infliximab-axxq (AVSOLA)****Infliximab-dyyb (INFLECTRA)** |   **NAME:** **BIRTHDATE:** *Affix Patient Identification Label Here* |
| **ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (**  **) TO BE ACTIVE.**  |

**Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

Patient Information

Provider Information

\***Please fax a copy of the following** □Demographics □ Insurance Information □ Current Lab Results **patient information**: □ H & P Relevant to Diagnosis □ Last infusion note □ Current Medications

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight: \_\_\_\_\_\_\_\_\_\_\_\_ lbs/kg Height: \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

ICD-10: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_\_

 Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TB Test Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_\_\_\_\_\_\_\_ □ Copy Attached

Hep B Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Result: \_\_\_\_\_\_\_\_\_\_\_\_ □ Copy Attached

Pre-medications:

Diphenhydramine: □ PO □ IV □ 25 mg □ 50mg

Acetaminophen: □ PO □ 650 mg □ 1000 mg

Solu-Medrol: □ IV □ \_\_\_\_\_ mg

Other OTC: □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No Pre-Medications

Wait Time after Pre Medications:

 □ 20 minutes □ 30 minutes □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No wait time

MC2683 (12/23)

Labs:

□ CBC w/diff □ EVERY infusion □ every OTHER infusion □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_

□ CMP □ EVERY infusion □ every OTHER infusion □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_

□ CRP □ EVERY infusion □ every OTHER infusion □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_

□ ESR □ EVERY infusion □ every OTHER infusion □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_□ EVERY infusion □ every OTHER infusion □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_

□ No labs needed

 **Please check preferred product:**

 **□ Remicade (INFLIXIMAB) IV DOSING**

 **□** **Renflexis (Infliximab-abda) IV DOSING**

* **Avsola (Infliximab-axxq) IV DOSING**

 **□ Inflectra (Infliximab-dyyb) IV DOSING**

 □ 3 mg/kg □ 5 mg/kg □ 7.5 mg/kg □ 10 mg/kg or □ total dose = \_\_\_\_\_\_\_\_\_\_\_ mg

 Weight based doses will be rounded to the nearest vial (100 mg per vial)

 Frequency: □ Initial dose at 0, 2, 6 weeks **then** □ Q 4 weeks □ Q 6 weeks □ Q 8 weeks

 Next dose due: \_\_\_\_ /\_\_\_ /\_\_\_\_

**Rapid Infliximab Infusion**

**⦁ Contraindications to rapid infusion of infliximab:**

* **Previous infusion reaction or anaphylaxis to infliximab**
* **Has not received at least 6 infusions at the standard rate (2 hours including 3 loading doses and 3 maintenance doses).**
* **Last dose was greater than 10 weeks ago**

□If rapid infusion is contraindicated, okay to give per original infusion guidelines.

**⦁** Infuse the preferred product (subject to prior authorization):

* **Remicade (infliximab)**
* **Renflexis (infliximab-abda)**
* **Avsola (infliximab-axxq)**
* **Inflectra (infliximab-dyyb)**

□ 3 mg/kg □ 5 mg/kg □ 7.5 mg/kg □ 10 mg/kg or □ total dose = \_\_\_\_\_\_\_\_\_\_\_\_ mg

⦁ Weight based doses will be rounded to the nearest vial (100 mg per vial).

⦁ Frequency: □ maintenance: every 8 weeks □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⦁ Infusion rate for doses less than 800 mg in 250 mls of Normal Saline:

 □ 100 ml/hr x 15 min and increase to 300 ml/hr until infusion complete

⦁ Infusion rate for doses 800 mg or greater in 500 mls or Normal Saline:

 □ 200 ml/hr x 15 min and increase to 600 ml/hr until infusion complete.

* Patient is required to stay for 30-minute observation period
* Patient is NOT required to stay for observation time.