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# Infliximab (Remicade, Avsola, Renflexis)

Provider Order Form rev. 11/1/2023

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 IVCare Infusion's 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 \_\_\_\_\_