

Infliximab (Remicade, Inflectra, Avsola, Renflexis) Prescriber Order and Referral Form

Pharmacists with the Froedtert Pharmacy will be supporting this patient's infusion medication management.
Fax completed form, insurance information and clinical documentation to 414-260-7368.

Patient Name: _____ Date of Birth: _____
 Address: _____
 Phone: _____ Height: _____ inches cm Weight: _____ lbs kg

Clinical Information

Primary Diagnosis Description: _____ ICD-10 Code(s): _____
 Is this the first dose? Yes - Date of first dose _____ No - Date of next dose _____
 Hepatitis B Status: Titer Date: _____ Positive Negative
TB Status PPD (negative) – date: _____ Active TB Unknown
 Last chest x-ray – date: _____ Other _____
 Past positive TB infection, course taken: _____

Infliximab Prescription

Infliximab (Remicade®) or **Infliximab-dyyb (Inflectra®)** or **Infliximab-axxq (Avsola®)** or **Infliximab-abda (Renflexis®)** or biosimilar based on the preferred brand per insurance coverage, refill as directed x 1 year

Initial Dose: Infuse _____ mg/kg IV on Weeks 0, 2, and 6.
 Other: _____

Maintenance Dose: Infuse _____ mg/kg IV every 8 weeks.
 Other: _____

Dose will be rounded to closest 100 mg vial.
 Infusion will be given at a flat rate over 2 hours unless patient has a history of infusion-related reaction(s), and then will infuse with a titrated rate.
 Other Infusion Rate: _____

ACCELERATED INFUSION: Based on this patient's history of no adverse reactions over at least 4 consecutive doses, reduce administration time to 90 minutes for 1 infusion. If tolerated with no adverse reactions, subsequent infusions may be completed in 60 minutes per FHSI protocol.

Ancillary Orders

Anaphylaxis Kit

Treat per Froedtert Home and Specialty Infusion protocol.

Medication Orders

- Acetaminophen 650 mg PO 30 min before infusion. Patient may decline.
- Diphenhydramine 25 mg PO 30 min before infusion. Patient may decline.
- Other: _____

IV Access and Flush Orders: RN to access and monitor venous infusion line as indicated below:

- Peripheral: Flush with 0.9% NS - 10 ml pre/post-use.
- Implanted Port or PICC: Flush with 0.9% NS - 10 ml pre/20 ml post-use and 10 ml pre/20 ml post-lab draw.

Lab Orders

- No labs ordered at this time.
- Other: _____

Skilled nurse to administer doses intravenously in the home or alternate care setting. Refill above ancillary orders as directed x 1 year.

I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment.

Prescriber Signature	Date	Time
Prescriber Name	Phone	Fax
Address	NPI	
City, State, Zip	Office Contact	

