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Patient Name: _____
 Date of Birth: _____ Wt: _____ Ht: _____
 Allergies: _____

Infliximab (or biosimilar) Order Form

Has the patient previously received infliximab? No Yes: Brand _____ Last Dose Date: _____
Diagnosis: Crohn's Disease Rheumatoid Arthritis Ulcerative Colitis Psoriatic arthritis
ICD-10: Plaque psoriasis Alkylosing Spondylitis Other: _____
 CHF History? No Yes: NY Class _____ (I-IV)
 TB History: Date of last PPD: _____ Result: _____
 Hepatitis B virus screening (HBsAg and anti-HBc) prior to therapy initiation required:
 Date performed: _____ Negative Positive (Additional Monitoring Required)

Medication Orders: ♦ Infliximab (Brand will be selected by pharmacy based on insurance contract formulary preference)

Therapeutically interchangeable Infliximab products: • Remicade (infliximab) • Inflectra (infliximab-dyyb)
 • Renflexis (infliximab-abda) • Ixifi (infliximab-qbtx) • Avsola (infliximab-axxq)

Frequency: One dose 3 doses (at 0, 2, and 6 weeks) Maintenance every _____ weeks
 3 doses (at 0, 2, and 6 weeks) followed by infusions every _____ weeks thereafter

Dose: RPh will round UP to nearest 100 mg vial, or Give exact dose (do NOT round)

5mg/kg**
 3mg/kg**
 Other: _____ mg/kg** **Dose based on actual body weight

- ♦ Dilute in 0.9% Sodium Chloride to a final concentration of 0.4 to 4 mg/ml. Use an in-line filter 1.2 microns or smaller.
- ♦ Do not infuse other medications through the same IV tubing.
- ♦ Infuse over at least 2 hours. Begin at 10ml/hr and increase rate according to Infusion Rate Chart. → → → → → →
- ♦ If change in vital signs (ie: diastolic blood pressure drops 15-20 mmHg) or adverse reaction (ie: urticaria, shortness of breath) occurs, slow or stop infusion immediately. After symptoms have resolved, may resume titration starting at 10ml/hr.

Infusion Rate Chart	
Infusion Rate	Time (min)
10 ml/hr	For 15 minutes
20 ml/hr	For 15 minutes
40 ml/hr	For 15 minutes
80 ml/hr	For 15 minutes
150 ml/hr	For 30 minutes
250 ml/hr	Until end of therapy

Premedication (15 minutes before infusion):

Diphenhydramine 50mg IV 25mg IV
 Acetaminophen 1000mg PO 500mg PO

♦ Other: _____

Ancillary Orders:

- ♦ Infusion Reaction Management per Infusion Solutions Protocol.
- ♦ Alteplase 2mg IV to de clot central IV access per Infusion Solutions protocol as needed for occlusion.
- ♦ Flush with 0.9% NaCl and/or Heparin 10 u/ml or 100 u/ml per Infusion Solutions protocol.
- ♦ Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).

Nursing Orders:

- ♦ If no central IV access, RN to insert peripheral IV.
- ♦ Weight should be taken before each dose.
- ♦ Monitor vital signs (pulse & blood pressure) before therapy and every 15 to 30 min until 30 min after therapy.
- ♦ If an infusion reaction occurs, decrease rate and monitor vital signs until symptoms subside. If reaction persists or worsens, stop infusion and notify physician.
- ♦ Observe patient for 30 minutes after completion of therapy.
- Other: _____

Labs:

CBC with Diff at each dose every _____
 Hepatic function panel at each dose every _____
 CRP at each dose every _____
 Other: _____ every _____

 Prescriber Signature

 Date

 Please Print Name

KEY: ♦ Orders are initiated unless crossed out by provider. Check to initiate order.