

# Infliximab

Remicade, Avsola, Renflexis, Inflectra



InfusionForHealth.com

Ph: 888-777-1945 | Fax: 805-852-2636

Date: \_\_\_\_\_ Treatment Location: \_\_\_\_\_

**PROVIDERS: Please include the following to expedite the order.**

Most Recent Demographics, Insurance Info, Current CBC & CMP, Recent H&P Relevant to Diagnosis

Current Meds, Recent TB & Hep B Results, Colonoscopy/Pathology (GI Only)

Tried and failed medications: \_\_\_\_\_

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

Patient Contact Number: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

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

Diagnosis:  **STAT Order!**  Crohn's DZ-K50.9

Ankylosing Spondylitis in Adults-M45  RA-M06.9

Psoriatic Arthritis in Adults-L40.52

Plaque Psoriasis-L40.0  Ulcerative Colitis-K51.9

Other Dx/ICD10: \_\_\_\_\_

## PRESCRIBER INFORMATION

Prescriber's Name: \_\_\_\_\_

**Signature:** \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

Contact Email: \_\_\_\_\_

## INFLIXIMAB IV DOSING:

3 mg/kg

5 mg/kg

7.5 mg/kg

10 mg/kg

OR  Total dose = \_\_\_\_\_mg

Round to the nearest vial  
(100mg per vial)

Route: IV

### Remicade/Infliximab ONLY:

Rapid infusion over one hour after first maintenance infusion

**If Pediatric Infusion:**  Pediatric standard infusion rate ~4 hours

OR  Pediatric rapid infusion ~2 hours (adult rates)

**Frequency:**  Initial dose at 0, 2, 6 weeks, then Q8 weeks

Maintenance Only  Q8 weeks

**Date of Last Treatment, If Continuation:** \_\_\_\_\_

**Next Dose Due:** \_\_\_\_\_

**Additional Medications:**  Any history of adverse reactions

Diphenhydramine  25mg  50mg  PO  IV  Other \_\_\_\_\_  N/A

Acetaminophen  325mg  500mg  650mg  PO  Other \_\_\_\_\_  N/A

*To ensure that a brand name product be dispensed, the prescriber must handwrite "Brand Medically Necessary" on prescription form. If not indicated, Infusion for Health is authorized to administer generic or biosimilar.*

Please check this box if you **DO NOT** authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.