ORDERING OFFICE, ALSO FAX:
- Most recent labs
- Supporting clinical notes
- Insurance card, front and back

Infliximab, Infliximab-adba, Infliximab-dyyb (Remicade, Renflexis, Inflectra) Rapid Infusion

Provider Order Form

IVX HEALTH formerly Infusion Express

Date:	Patient Name:	DOB:
ICD-10 code (required):		
ICD-10 description:		
☐ NKDA Allergies:		Weight lbs/kg:
Ordering Provider:	Provider NPI:	
Referring Practice Name:	Phone:	Fax:
Practice Address:	City:	State: Zip Code:

NURSING

- ☑ Provide nursing care per IVX Standard Nursing Procedures, including reaction management and post-infusion observation
- ☑ Hepatitis B status and date (Please provide results) _____ *
- ☑ TB status and date (Please provide results) _____ *

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 30 minutes prior to infusion
- ☐ cetirizine (Zyrtec) 10mg PO 30 minutes prior to infusion
- ☐ loratadine (Claritin) 10mg PO 30 minutes prior to infusion
- ☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV prior to infusion
- ☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV 30 minutes prior to infusion
- ☐ Other:

  Dose: Route: Frequency:

INFUSION THERAPY

- ☑ Please check preferred product(s):
- ☐ infliximab (Remicade)
- ☐ infliximab-abda (Renflexis)
- ☐ infliximab-dyyb (Inflectra)
- ☑ Mix in 250ml 0.9% sodium chloride, intravenous infusion over one hour (use in line filter 1.2micron or less)
  - Dose: ☐ 3mg/kg ☐ 5mg/kg /☐ 7.5mg/kg/ ☐ 10mg/kg ☐ Other _____
    ☐ round up to nearest 100mg
    ☐ give exact dose
  - Frequency: ☐ maintenance: every 8 weeks / ☐ other: _____
  - Infusion rate: 100ml/h x 15 minutes
    increase to: 300ml/hr until infusion complete
- ☑ Flush with 0.9% sodium chloride at the completion of infusion
- ☐ Patient is required to stay for 30-minute observation post infusion
- ☐ Patient is NOT required to stay for observation time
- ☐ Refills: ☐ Zero / ☐ for 12 months / ☐ _____ (if not indicated order will expire one year from date signed)

GENERAL PLAN COMMUNICATION

Special instructions/notes:

Ordering Provider: Initial here _____ and proceed to the next page.

REACTION MANAGEMENT

- ☑ Observe for **hypersensitivity reaction:** Fever, chills, rigors, pruritus, rash, cough, sneezing, throat irritation
- ☑ If reaction occurs:
  - Stop infusion
  - Maintain/establish vascular access
  - Notify referring provider
  - Consider giving the following PRN
    1. Acetaminophen (Tylenol) 650mg PO **OR**_____mg for pain or fever > 38 C/100.4 F
    2. Diphenhydramine (Benadryl) 25-50mg in 10ml NS slow IV push for rash, itching, pruritis
    3. Ranitidine 25mg in 10ml NS slow IV push over 5 minutes (Consider if patient already given IV Benadryl)
    4. Ondansetron (Zofran) 4mg Slow IV push over 5 minutes for nausea or vomiting
    5. Methylprednisolone (Solumedrol) 125mg **OR** _____mg slow IV push
    6. Other _____
  - When symptoms resolve resume infusion at 50% previous rate and increase per manufactures guidelines

- ☑ **Severe allergic/anaphylactic reaction:**
  - If symptoms are rapidly progressing or continuing after administration of prn medications above and signs symptoms of severe allergic/anaphylactic reaction (angioedema, swelling of the mouth, tongue, lips, or airway, dyspnea, bronchospasm with or without hypotension or hypertension.)
    1. Call 911
    2. Consider giving epinephrine (1:1000 strength) 0.3ml IM. May repeat every 5-15 minutes to a maximum of 3 doses.
    3. Treat hypotension with 500ml 0.9% sodium chloride bolus. Repeat as needed to maintain systolic BP >90.
    4. Have oxygen by nasal canula available and administer 2-15 liters, titrate to keep Spo2 >92%
    5. Have Automated External Defibrillator available
    6. Notify referring provider. If unable to reach referring provider, notify Local Medical Director.
    7. Discontinue treatment

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.

Patients must have completed induction series and one maintenance dose of Infliximab with no history of infusion or hypersensitivity reaction.

If a patient at any time develops an infusion related reaction with rapid infusion, infusion and all subsequent infusions will be administered at the two-hour infusion rate. (Patients will need to be evaluated by their referring provider and cleared to receive any future rapid infusions. A new order will need to be submitted.)

Patient Name _____ **Patient Date of Birth** _____

Provider Name (Print) _____

Provider Signature _____ **Date** _____

Designate the desired location and fax the order form to:

CALIFORNIA fax: (844) 889-0275 | ☐ San Mateo ☐ Fremont ☐ San Ramon ☐ TBD

ILLINOIS fax: (312) 253-7244 | ☐ Glenview ☐ Schaumburg ☐ TBD

KANSAS / MISSOURI fax: (844) 900-1292 | ☐ Overland Park, KS ☐ Lee's Summit, MO ☐ Briarcliff, MO ☐ TBD

OHIO fax: (844) 627-2675 | ☐ Dublin ☐ Pickerington ☐ TBD

PENNSYLVANIA fax: (844) 820-9641 | ☐ Malvern ☐ Bensalem ☐ Montgomeryville ☐ East Shore ☐ West Shore ☐ TBD

TENNESSEE fax: (844) 627-2518 | ☐ Brentwood ☐ Hendersonville ☐ TBD

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