Fax: 561-516-6626 | Email: Info@infuseone.com | Phone 561-337-4055

INFUSE ONE

Infliximab (Remicade, Inflectra, Renflexis, Avsola) Infusion Orders

Patient Name: DOB: ☐ Male ☐ Female

Diagnosis (please provide ICD10 code): ☐ Ulcerative Colitis ☐ Crohn's Disease

☐ Rheumatoid Arthritis ☐ Other:

☐ NKDA Allergies:

☐ New Start Therapy ☐ Continuation of Therapy Date of last dose (if applicable):

Ordering Provider:

Provider NPI: Phone: Fax:

Practice Address: City: State: Zip Code:

PRE-MEDICATION

☐ Acetaminophen1000mg PO ☐ Solu-Medrol 125mg IVP
☐ Diphenhydramine 25mg PO ☐ Solu-Cortef 100mg IVP
☐ Ceterizine 10mg PO ☐ Diphenhydramine 25mg IVP

REQUIRED LABS

☑ TB status and date (please attach results):

_____

☑ Hepatitis B status & date (please attach results):

_____

INFLIXIMAB ORDERS

☐ Infuse Remicade -OR- ☐ Infliximab Biosimilar as required by patient's insurance

Based on product availability and patient insurance requirements, product recommendations may be provided

DOSING:

☑ Mix in 250ml 0.9% sodium chloride, intravenous infusion over at least 2 hours

Dose: ☐ 5mg/kg ☐ 7.5mg/kg ☐ 10mg/kg ☐ Other: _____ Pt weight: _____

FREQUENCY:

☐ Dose at weeks 0, 2, and 6, then every 8 weeks

☐ Maintenance dose every _____ weeks

☐ Other: _____

REFILLS:

☐ _____

(if not indicated prescription will expire one year from date signed)

Infuse One Standing Orders:

☑ Provide treatment under Infuse One's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

_____

Provider Name

_____ _____

Provider Signature Date

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 Infliximab. For patients who test positive for hepatitis B surface antigen, consultation with a physician with expertise in the treatment of hepatitis B is recommended.