



Phone: (833) 394-0600 Fax: (833) 996-4888

Infliximab IV Infusion

Please fax a copy of patient's Demographics, Insurance Information, Current Lab Results, H&P, and Current Medications and Recent Visit Notes

Referral status: NEW referral Dose or frequency change Order renewal

Date: ____/____/____

Patient Name: _____ DOB: ____/____/____

Allergies: _____ Patient Weight: _____ kg Height: _____

ICD-10 : _____, _____, _____

In the past year, what medications for the above diagnosis has the patient tried and failed?

Drug	Dose	Dates of use

TB verification (circle one): TB skin test TB spot/Quantiferon blood test Chest X-RAY

Result Date: ____/____/____ Result (circle one): Positive Negative

Labs to be collected: BMP CMP Hepatic panel CBC w/ diff CBC w/o diff CRP ESR Other: _____

Lab Frequency: EVERY infusion Every OTHER infusion Other: _____

Pre-Medications:

Diphenhydramine PO or IV	25mg or 50mg	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cetirizine PO	10mg	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acetaminophen PO	650mg	<input type="checkbox"/> Yes <input type="checkbox"/> No
Methylprednisolone IV	_____mg	<input type="checkbox"/> Yes <input type="checkbox"/> No

IV infliximab: Pharmacist to select product

Inflextra (infliximab-dyyb) **Remicade** (infliximab-hjmt) **Renflexis** (infliximab-abda)

Dose: 3mg/kg 5mg/kg 7.5 mg/kg 10mg/kg _____mg/kg _____mg

Frequency: Initial Dose – 0, 2, 6wks, THEN either q 6 wks or q 8 wks q _____wks

If dosing ordered other than indicated by package insert, please provide letter of medical necessity

WHEN CALCULATING DOSE:

- ROUND to nearest vial (100 mg per vial)
- ROUND to the nearest half vial (50 mg increment)

Date of last infusion if not at IA: _____ **Expiration Date:** ____/____/____

Printed provider name: _____

Provider signature: _____

Office phone number: _____ **Fax number:** _____

New referring providers, how did you hear about us? Web Search Pharma Rep Drug Locator Patient Word of Mouth IA Clinical Liaison IA Website Facebook Instagram Other: _____