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www.MySmartInfusion.com

Remicade (infliximab) And Biosimilars Infusion Order Form

Location

- Eau Claire Weston
 Middleton Onalaska

Patient Information

Patient Name: _____ DOB: _____ M F

Allergies: _____

New Treatment Continuing Treatment Last Treatment Date: _____ Next Due Date: _____

Diagnosis and ICD 10 Code (Required)

- Moderate to Severe Ulcerative Colitis ICD 10 Code: K51.90 Ankylosing Spondylitis ICD 10 Code: M45.9
 Moderate to Severe Crohn's Disease ICD 10 Code: K50.90 Psoriatic Arthritis ICD 10 Code: L40.52
 Rheumatoid Arthritis ICD 10 Code: M06.9 Plaque Psoriasis ICD 10 Code: L40.0

Required Labs

TB/QuantIFERON (within 12 months & attach results)

Hepatitis B Status & Date: _____

Most recent CBC & CMP (attach results)

Pre-Medication Orders

Acetaminophen (Tylenol) 500mg 650mg 1000mg PO

Diphenhydramine (Benadryl) 25mg 50mg PO IV

Methylprednisolone (Solu-Medrol) 125mg IV

Ondansetron (Zofran) 4mg PO IV

Other: _____ Route: _____

Dose: _____ Frequency: _____

Medication Order

Remicade (infliximab)

Biosimilars:

Inflectra (infliximab-dyyb)

Renflexis (infliximab-abda)

Avsola (infliximab-axxq)

Will substitute Remicade(infliximab) for biosimilar or referenced product based on insurance and availability.
OR

Dispense as Written

Refill x12 months unless otherwise noted:

Patient Weight: _____ KG

Dosage

3mg/kg IV 5mg/kg IV 10mg/kg IV

_____ mg/kg

We will round to the nearest full vial unless checked no

Frequency

Induction week 0, 2, 6 then every 8 weeks

Maintenance every 8 weeks

Other: _____

Required Documents

Patient Demographic Sheet

H & P within the past 6 months

Current Medication List

Clinical & Progress Notes (including last infusion note)

Copy of Insurance Card (Front/Back)

Adverse Reaction Management & Nursing Orders

Full protocols are available for review at mysmartinfusion.com or upon request.

Administer the following emergency medications per Smart Infusion Therapy Services protocol:

- Acetaminophen 650mg PO,
- Diphenhydramine 25mg-50mg PO or IV
- Ondansetron 4mg IV
- Sodium Chloride 0.9% 1000mL IV
- Methylprednisolone 125mg IV
- Albuterol Sulfate 2.5mg nebulized
- Oxygen 1-6LPM continuous flow
- Epinephrine 0.3mg/0.3mL IM

Other: _____

Manage VAD per protocol:

Start/Access and Discontinue PIV/CVC

Flush with NS and/or Heparin per protocol based on line type

Other: _____

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____