

Renflexis (Infliximab-abda) Infusion Order

Patient Name:

DOB:

 Male Female

Diagnosis (please provide ICD10 code):

 Other: NKDA Allergies: New Therapy Order Continuation of Therapy

Date of last dose:

Ordering Provider Name:

Provider NPI:

Phone:

Fax:

Practice Address:

City:

State:

Zip Code:

Pre-Medication

Acetaminophen _____ mg by PO
 Cetirizine _____ mg by PO
 Diphenhydramine _____ mg by PO/ IVP
 Solu-Medrol _____ mg by PO/ IVP
 Solu-Cortef _____ mg by PO/ IVP
 Other: _____

Required Documentation:

Patient Demographics
 Patient Insurance (med and pharm card copies, front and back)
 Progress Notes/Labs supporting diagnosis
 Hepatitis B status and date
 CBC, CMP, Quantiferon, ESR, CRP lab results
 List of tried and failed therapies, including duration
 Other: _____

Renflexis is a weight based drug:

Patient Height (cm):

Patient Weight (kg):

Renflexis Medication Order (Please select ONE):

Induction dosing on weeks 0, 2 and 6, followed by maintenance
 Dosing (Please choose one)

 3 mg/kg 5 mg/kg 7.5 mg/kg 10 mg/kg Other: _____

Maintenance dosing every _____ weeks only

Dosing (Please choose one)

 3 mg/kg 5 mg/kg 7.5 mg/kg 10 mg/kg Other: _____

Maintenance Frequency (Please choose one)

 Every 6 weeks Every 8 weeks Other: _____

Round dosage up to the nearest 100mg frequency

Additional Instructions/Notes:**Ordering Provider:**

Signature: _____

Date: _____

Provider: _____

Phone: _____ Fax: _____

Best Contact Person in Office: _____

Phone: _____

Locations:

Skokie, IL: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
 Libertyville, IL: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
 Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400