

Patient Name: _____ DOB: _____

Allergies: _____ Height (cm) : _____ Weight (kg) : _____

Diagnosis: _____ Diagnosis Code: _____

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Financial authorizations require clinical documentation of medical necessity. To ensure compliance, the criteria below must be indicated as completed by office representative. Incomplete documentation will be returned to the referring office for completion, resulting in delays to the patient receiving treatment.

- Ordering provider is credentialed at Sinai Hospital (Alvin and Lois Lapidus Cancer Center) or Carroll Hospital (William E. Kahlert Regional Cancer Center) to admit and write orders.
- Demographics / insurance information attached, or available in Cerner.
- Provider note dated within 30 days indicating medical need attached, or date if available in Cerner: _____

Infliximab may cause viral reactivation, anemia and/or hepatotoxicity. Baseline assessment of CBC, LFTs and HIV / HBV / hepatitis B / hepatitis C / TB status are recommended prior to start of therapy and subsequently as clinically indicated.

Treatment:

- Premedication(s) – please check all premedication(s) desired for treatment
 - Acetaminophen 650 mg PO once
 - Diphenhydramine **25 mg** or **50 mg PO** or **IV** once (will use 25 mg PO if dose/route not indicated)
 - Methylprednisolone 125 mg IV push once
 - Other: _____

*****Unless dictated by insurance, Infliximab-abda (Renflexis®) will be the biosimilar/product of choice.*****

Infliximab-xxxx Induction

Day 1 – Infliximab-xxxx (5-10 mg/kg/dose) = _____ mg (round to nearest 100 mg) in 250 mL NS IV over 2 hours once

Day 15 – Infliximab-xxxx (5-10 mg/kg/dose) = _____ mg (round to nearest 100 mg) in 250 mL NS IV over 2 hours once

Day 43 – Infliximab-xxxx (5-10 mg/kg/dose) = _____ mg (round to nearest 100 mg) in 250 mL NS IV over 2 hours once

Infliximab-xxxx Maintenance

Infliximab-xxxx (5-10 mg/kg/dose) = _____ mg (round to nearest 100 mg) in 250 mL NS IV over 2 hours once

Frequency: every _____ weeks Duration of treatment: _____

- Rapid infusion protocol – If four 120-minute infusions are tolerated without reaction, infliximab-xxxx may be administered over 90 minutes x 1 infusion, then 60 minutes for all subsequent infusions.

NOTE: rapid infusion protocol will only be implemented for patients being treated for inflammatory bowel disease who weigh > 15kg. Any mild infusion reaction will result in reverting to 120-minute infusion time. Dose escalation will require tolerance of one 120-minute infusion at the new dose prior to resuming rapid infusion rate.

Protocol Orders:

- Hypersensitivity/Anaphylaxis Medications: Follow Adult Hypersensitivity Nursing Protocol PRN for the treatment of allergic/hypersensitivity reaction.
- Extravasation Management: Follow established protocol for extravasation as needed.
- Port Care and Flush per Nursing Protocol: Single-lumen flush protocol or double-lumen flush protocol as appropriate.

Physician's Name (Print): _____ Signature: _____ Date: _____

Contact Number: _____ Fax Number: _____

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