

ADMIT to Infusion Center of EAMC **FOR Infliximab**

Diagnosis:

- | | |
|--|---|
| <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Psoriatic Arthritis |
| <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Ankylosing Spondylitis |
| <input type="checkbox"/> Ulcerative Colitis | <input type="checkbox"/> Plaque Psoriasis |
| <input type="checkbox"/> Other (specify) _____ | |

Labs:

- Labs must be resulted prior to scheduling infusion.
- Physician office to verify results of TB test and Hepatitis panel prior to referral. Proceed with treatment if results are nonreactive or negative.

Pre-Meds:

- | | |
|---|--|
| <input type="checkbox"/> Acetaminophen 650 mg PO with each treatment | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Diphenhydramine 25 mg PO with each treatment | |
| <input type="checkbox"/> Diphenhydramine 50 mg PO with each treatment | |
| <input type="checkbox"/> Methylprednisolone 125mg IV Push with each treatment | |

Infusion Orders

Drug	Fluid	Dose per kg	Total Dose (pharmacy to calculate)	Route
<input type="checkbox"/> Infliximab (Remicade)* <input type="checkbox"/> Infliximab-dyyb (Inflectra)* <input type="checkbox"/> Infliximab-abda (Renflexis)* <input type="checkbox"/> Infliximab-axxq (Avsola)*	NS 250 ml (Aviva) *	mg/kg	mg	IV Infusion

Frequency of Therapy: q ____ weeks **Duration of Therapy:** _____

Ancillary Treatment/Administrative Procedures

* Doses >1000 mg should go in a 500 ml Normal Saline Aviva bag. The final Concentration should be 0.4 to 4 mg/ml.

* Product is selected based on EAMC Biosimilar Protocol.

☐ Infuse NS at 50 mL/hr as the mainline IV fluid

- ❖ Pharmacy may round dose to nearest vial size.
- ❖ Infuse over at least 2 hours using a low protein binding 1.2 micron filter set. Decrease rate if patient displays signs of reaction.
- ❖ Monitor vital signs prior to start of infusion and with any signs of reaction.
- ❖ May use Infusion Center at EAMC Non-Oncology standing orders.

<p>_____ Physician Signature EAST ALABAMA MEDICAL CENTER EAMC Infusion Order Set Infliximab</p>	<p>_____ Date</p> <p>_____ Time</p> <p align="center">Patient Identification</p>
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