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Fax: 866-523-5406
Phone: 800-829-3975
bioplusinfusion.com

INFLIXIMAB

Ship To: [ ] In Office [ ] Infusion Suite [ ] At Home [ ] Other

PATIENT INFORMATION

Name, SSN, DOB, Address, City, State, ZIP, Home Phone, Cell, Gender, Email, Allergies

INSURANCE INFORMATION (or attach copy of cards)

Primary Insurance, Secondary Insurance, Policy Holder, Relationship, Policy #, Group #

CLINICAL INFORMATION

Diagnosis (ICD-10), Date of Diagnosis, CHF History, TB History, Comorbidities, ALLERGIES

PRESCRIPTION INFORMATION (or attach a copy of prescription)

AVSOLA, ENTYVIO, INFLECTRA, Infliximab, REMICADE, RENFLEXIS, Initial Dose, Maintenance Dose, Other, Refills

Directions:

- Start infusion at 10 mL/hr and increase if tolerated after 15 minutes
Continue to titrate the infusion as tolerated using the following infusion rates: 20 mL/hr x 15 minutes, 40 mL/hr x 15 minutes, 80 mL/hr x 15 minutes, 150 mL/hr x 30 minutes
Maximum infusion rate of no more than 250 mL/hr
Infusion time should not be less than 2 hours
DO NOT infuse any other medications along with infliximab

Lab Work and Frequency:

Blank lines for lab work and frequency

Vascular Access Device:

Peripheral Catheter, PICC, Port, Other (describe # of lumens)

Flush Orders: (If IV ordered, the following flush protocols will be followed)

- Sodium Chloride 0.9%
Peripheral Line: 3 mL before each dose and 3 mL after each dose and PRN
Central Line: 5-10 mL before each dose and 5-10 mL after each dose and PRN
Heparin 10 units/mL
Peripheral Line: 3 mL after last sodium flush and PRN
Heparin 100 units/mL
Central Line: 5 mL after last sodium flush and PRN

Provide needles, syringes, VAD supplies, and other ancillary supplies needed for infusion

Pre-Medication

Diphenhydramine, Acetaminophen, Loratadine, Other, Directions

Anaphylaxis Kit Order (Infusion Reaction Management x 1/year)

Epinephrine, IM, SUBQ, Qty, Refills, Adult 1:1000, 0.3 mL (>30 kg/>66lbs) PRN severe allergic reaction, call 911. May repeat in 5-15 minutes as needed.

NURSING

Nursing Agency, Phone, Skilled Nursing Visits for infliximab intravenous administration and education. To provide education related to the disease process and therapy. To provide an assessment of patient's general overall health status. To provide skilled nursing visits PRN for additional education and support.

As required by your state, Prescriber to check "Dispense as written" or handwritten "Brand Medically Necessary" and sign to prevent generic substitution. [ ] Dispense as written

PHYSICIAN INFORMATION

INFUSION TYPE: [ ] At Home [ ] In Office

Prescriber Name, Office Contact, Address, NPI #, Prescriber Signature, Phone, Fax, Email, City, State, ZIP, Tax ID, Date