

INFLIXAMAB/BIOSIMILAR INFUSION FOR AIS

- The patient has previously been on Infliximab (biosimilar or branded infliximab)
 Patient is a NEW patient and has been tested for latent Tuberculosis and the results were negative

Weight (use actual weight for dose calculations) _____ kg _____ lbs

Diagnosis: ICD10 Code: _____

- Crohns Disease Rheumatoid Arthritis Ankylosing Spondylitis
 Ulcerative Colitis Psoriatic Arthritis Other: _____

Infliximab

Infuse Infliximab over a period of NOT LESS than 2 hours using 0.22 micron low protien binding filter, do not infuse other medications into the IV line, or after infusion is complete. Flush the line with 20 mLs of normal saline. Pharmacy approval is needed before ordering brand product Remicade (Infliximab)

- Infliximab-dyyb (InflectraTM) Infliximab (Remicade)

Dosing - Round all doses to the nearest 100 mg

All initial start patients will receive induction regimen of doses at 0, 2, and 6 weeks before maintenance regimen listed

- 3 mg/kg every 8 weeks (Rheumatoid Arthritis)
 5 mg/kg every 8 weeks (Crohns Disease, Ulcerative Colitis, Psoriatic Arthritis)
 5 mg/kg every 6 weeks (Ankylosing Spondylitis)
 _____ mg/kg every _____ weeks
 _____ mg every _____ weeks

Additional Medications

Give one hour prior to start on Infliximab infusion

- Acetaminophen 650mg PO times 1 dose
- Diphenhydramine 50mg PO times 1 dose

Give 15 minutes prior to start on Infliximab Infusion if history of previous reaction

- Methlydprednisolone 40mg IV times 1 dose

Labs:

- CBC, CMPR, ESR, and CRP, Complete labs with each infusion
 CBC, CMPR, EST, CRP, and LFTs each infusion every 6 months every 3 months

Vital Signs:

- Take prior to infusion and every 30 minutes during infusion and at each rate change.
- Call Physician if: systolic BP less than 90 mmHg or blood pressure greater than _____ mmHg, temperature greater than _____ °F
- Patient weight at start of each quarter (first treatment after 1st of Jan, April, July, Oct) called to Pharmacy

For moderate to sever infusion reaction:

- Stop infusion and call rapid response immediatley
- Oxygen by nasal cannula at 2 Liters per minute as needed for dyspnea
- Diphenhydramine 50mg IV push over 3 minutes
- Hydrocortisone sodium succinate 100mg IV push as needed for anaphylaxis
- Notify ordering physician after patient stabilized

Other: _____

Ordering Provider Signature _____ Date _____ Time _____

CoSigning Provider Signature (if required) _____ Date _____ Time _____



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