Local Infusion

MYLOCALINFUSION.COM

INFLIXIMAB (AND BIOSIMILAR) ORDER FORM

❑ Infliximab (Remicade) ❑ Infliximab-axxq (Avsola) ❑ Infliximab-dyyb (Inflectra)
❑ Infliximab-qbtx (Ixifi) ❑ Infliximab-abda (Renflexis)
❑ **Dispense As Written (DAW)**
Will substitute for biosimilar or reference product based on insurance and availability

PATIENT INFORMATION

Patient Name: _____ DOB: _____
Mobile Number: _____ Patient Weight: _____kg
Allergies: _____
❑ Patient has known difficult venous access. Comments: _____

DIAGNOSIS (Provider must specify)

❑ Rheumatoid Arthritis, ICD 10: M05._____ or M06._____
❑ Plaque Psoriasis, ICD 10: L40.0
❑ Psoriatic Arthritis, ICD 10: L40._____
❑ Other: _____
❑ Ankylosing Spondylitis, ICD 10: M45._____
❑ Crohn's Disease, ICD 10: K50._____
❑ Ulcerative Colitis, ICD 10: K51._____

PROVIDER INFORMATION

Provider Name (print name): _____ Provider NPI: _____
Signature: _____ Date: _____
Contact Name: _____ Phone: _____ Fax: _____
Email Address: _____

Prerequisites to treatment – ensure the following information is complete and attached with referral:

❑ Demographics ❑ Labs and tests supporting diagnosis ❑ Office/progress notes

PRE-MEDICATION

Recommendations per PI are selected, these will be given to patient unless otherwise specified.

☑ Methylprednisolone (Solu-Medrol) 125mg IVP
☑ Benadryl 25mg PO
❑ Famotidine 20mg IV
☑ Acetaminophen (Tylenol) 500mg PO
❑ Cetirizine (Zyrtec) 10mg PO
❑ Other: _____ Dose: _____ Route: _____

MEDICATION

MEDICATION	DOSE	ROUTE	FREQUENCY
Infliximab	❑ _____mg/kg ❑ _____mg	IV	❑ Weeks 0, 2, 6 and then every 8 weeks ❑ Every 8 weeks ❑ Every _____ weeks

❑ New Start Therapy ❑ Continuation of Therapy Date of last dose (if applicable): _____

LABS / SPECIAL INSTRUCTIONS

Order valid for 1 year from date of signature unless otherwise specified here: _____

FAX NUMBERS:
❑ CT: 203.433.0621
❑ FL: 904.877.9270
❑ MA: 413.296.8482
❑ MD: 240.224.8607
❑ ME: 207.407.7272
❑ NC: 919.984.8698
❑ NH: 603.217.5371
❑ NJ: 201.581.4521
❑ NY: 631.250.6020
❑ OH: 937.871.4594
❑ PA: 610.273.5998
❑ SC: 864.973.6279
❑ VA: 703.202.0499