

INFLIXIMAB (AND BIOSIMILAR) ORDER FORM

- Infliximab (Remicade)
 Infliximab-axxq (Avsola)
 Infliximab-dyyb (Inflectra)
 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.____
 Ankylosing Spondylitis, ICD 10: M45.____
 Plaque Psoriasis, ICD 10: L40.0
 Crohn's Disease, ICD 10: K50.____
 Psoriatic Arthritis, ICD 10: L40.____
 Ulcerative Colitis, ICD 10: K51.____
 Other: _____

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
 Acetaminophen (Tylenol) 500mg PO
 Famotidine 20mg IV
 Cetirizine (Zyrtec) 10mg PO
 Other: _____ Dose: _____ Route: _____

MEDICATION

MEDICATION	DOSE	ROUTE	FREQUENCY
Infliximab	<input type="checkbox"/> _____ mg/kg <input type="checkbox"/> _____ mg	IV	<input type="checkbox"/> Weeks 0, 2, 6 and then every 8 weeks <input type="checkbox"/> Every 8 weeks <input type="checkbox"/> 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
 MA: 413.296.8482
 NC: 919.984.8698
 NY: 631.250.6020
 SC: 864.973.6279
 FL: 904.877.9270
 MD: 240.224.8607
 NH: 603.217.5371
 OH: 937.871.4594
 VA: 703.202.0499
 ME: 207.407.7272
 NJ: 201.581.4521
 PA: 610.273.5998