



(Patient Sticker)



PHYSICIAN ORDER SET :

**INFLIXIMAB RHEUMATOLOGY LOAD DOSE –  
(SCHEDULE WEEKS 0, 2, 6)**

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Patient: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10 Code: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_

Provider Facility Name: \_\_\_\_\_

Provider Facility Address: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Complete, Sign, and fax this document to: **CDH Central Scheduling at 413-582-2183***

**\*\*Please include H&P/current medications list/allergies, and ensure that med authorizations have been obtained\*\***



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**Payor Requirements**

Interval

Defer Until

Duration

**Provider Communication**

Once

Until discont'd

Select Diagnosis/Indication for use of Infliximab, or choose other:

**Rheumatoid Arthritis:**

- |  |  |
|--|--|
| <p>1. Is the patient currently taking methotrexate or does the patient have a contraindication to methotrexate?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p>   | <p>2. Has the patient tried and failed treatment with Humira or Enbrel?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p>               |
| <p>3. Is the patient currently taking one other DMARD agent such as azathioprine, gold therapy, hydroxychloroquine, penicillamine, sulfasalazine, cyclosporine, or leflunomide?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>4. Has patient had appropriate TB screening within 6 months of initiating therapy?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

**Psoriatic Arthritis:**

- |  |  |
|--|--|
| <p>1. Has the patient tried and failed treatment or have a contraindication to methotrexate?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p>  | <p>2. Has the patient tried and failed treatment with Humira or Enbrel?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p>               |
| <p>3. Is the patient currently taking one other DMARD agent such as azathioprine, gold therapy, hydroxychloroquine, penicillamine, sulfasalazine, cyclosporine, or leflunomide?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>4. Has patient had appropriate TB screening within 6 months of initiating therapy?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

**Ankylosing Spondylitis:**

- |  |  |
|--|--|
| <p>1. Has the patient tried and failed treatment with at least 1 NSAID?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p>               | <p>2. Has the patient tried and failed treatment with Humira or Enbrel?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>3. Has patient had appropriate TB screening within 6 months of initiating therapy?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |  |

**Plaque Psoriasis:**

- |   |  |
|---|--|
| <p>1. Has the patient tried and failed or have contraindication to treatment with at least 2 of the following therapies: PUVA or UVB phototherapy, acitretin, cyclosporine, or methotrexate?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>2. Has the patient tried and failed treatment with Humira or Enbrel?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>3. Has patient had appropriate TB screening within 6 months of initiating therapy?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p>  |  |

**Other:**

Please document here the diagnosis/indication for this patient to receive Infliximab therapy, as well as any supporting documentation for its medical necessity:

If **No** to one or more questions above, please add documentation to support medical necessity:



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**Pre-Medications**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>acetaminophen (TYLENOL) tablet 650 mg</b> 650 mg, Oral, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i>	Every 2 weeks		3 treatments
<input type="checkbox"/> <b>diphenhydrAMINE (BENADRYL) oral 25 mg</b> 25 mg, Oral, Once, Starting at treatment start time, For 1 dose <i>HOLD IF: Given IV. Administer at least 30 mins prior to treatment.</i>	Every 2 weeks		3 treatments
<input type="checkbox"/> <b>diphenhydrAMINE (BENADRYL) IV 25 mg</b> 25 mg, Intravenous, Once as needed, If unable to take PO, when released, For 1 dose <i>HOLD IF: Given PO. Administer at least 30 mins prior to treatment.</i>	Every 2 weeks		3 treatments
<input type="checkbox"/> <b>loratadine (CLARITIN) tablet 10 mg</b> 10 mg, Oral, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i>	Every 2 weeks		3 treatments
<input type="checkbox"/> <b>methylprednisolone sodium succinate (SOLU-Medrol) IV 40 mg</b> 40 mg, Intravenous, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i>	Every 2 weeks		3 treatments

**Medications**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>inFLIXimab (REMICADE) infusion 3 mg/kg</b> 3 mg/kg, Intravenous, Once, Starting 30 minutes after treatment start time, For 1 Dose <i>Follow your institutional guidelines for titration and duration of infusion. Use an in-line, sterile, non-pyrogenic, low protein-binding filter of 1.2 micron or LESS.</i>	Every 2 weeks		3 treatments

**Catheter management**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Line Access</b> Routine, Once, Starting S For 1 Occurrences, As needed. Starting when released. Until Specified. <i>Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment.</i>	PRN		Until discont'd
<input type="checkbox"/> <b>alteplase (CATHFLO) 1 mg/mL injection 2 mg</b> 2 mg, Intracatheter, As needed, line care, For central venous access device requiring clearance. Administer per institutional guidelines. May repeat once per lumen., Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>lidocaine-prilocaine (EMLA) cream</b> Topical, As needed, pre procedure/treatment, Apply prior to the PIV insertion or port access, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>heparin 100 units/mL flush 5 mL</b> 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>heparin 10 units/mL flush 3 mL</b> 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>heparin 10 units/mL flush 5 mL</b> 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>heparin 1000 units/mL flush 2 mL</b> 2 mL, Intracatheter, As needed, line care, APHERESIS LINE CARE ONLY per institutional policy. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride (NS) 0.9 % syringe flush 3 mL</b> 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd



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**Catheter management (continued)**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>sodium chloride (NS) 0.9 % syringe flush 10 mL</b> 10 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride (NS) 0.9 % syringe flush 20 mL</b> 20 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride 0.9% infusion</b> 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>D5W infusion</b> 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment, Starting S	PRN		Until discont'd

**Emergency Medications/Anaphylaxis**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Provider and Nurse Communication</b> Routine, Until discontinued, Starting S, Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.	PRN		Until discont'd
<input type="checkbox"/> <b>EPINEPHrine injection 0.3 mg</b> 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting S <i>For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 is equivalent to 1 mg/mL</i>	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride 0.9% bolus 1,000 mL</b> 1,000 mL, Intravenous, Once as needed, other (free text field), For hypotension, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>Oxygen Therapy - Non-Rebreather</b> Routine <i>Select a Mode of Therapy: Non-Rebreather</i>	PRN		Until discont'd



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**Hypersensitivity**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Provider and Nurse Communication</b> Routine, Until discontinued, Starting S For Until specified, Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		Until discont'd
<input type="checkbox"/> <b>albuterol (ACCUNEB) nebulizer solution 2.5 mg</b> 2.5 mg, Nebulization, Once as needed, shortness of breath, wheezing, wheezing, shortness of breath, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>acetaminophen (TYLENOL) tablet 975 mg</b> 975 mg, Oral, Once as needed, fever, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>diphenhydrAMINE (BENADRYL) injection 25 mg</b> 25 mg, Intravenous, As needed, itching, itching, hives. Begin with 25 mg. If patient has continued reaction, administer additional 25 mg, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>famotidine (PEPCID) injection 20 mg</b> 20 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction Hold if: given as premed, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>cetirizine (ZyrTEC) tablet 10 mg</b> 10 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses <i>HOLD IF giving fexofenadine.</i>	PRN		Until discont'd
<input type="checkbox"/> <b>fexofenadine (ALLEGRA) tablet 180 mg</b> 180 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses <i>HOLD IF giving cetirizine.</i>	PRN		Until discont'd
<input type="checkbox"/> <b>methylprednisolone sodium succinate (SOLU-Medrol) IV 40 mg</b> 40 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>ondansetron (ZOFTRAN) injection 4 mg</b> 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting S, For 2 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>meperidine (DEMEROL) injection 25 mg</b> 25 mg, Intravenous, Once as needed, rigors, Starting when released	PRN		Until discont'd