Infliximab (REMICADE) – Maintenance Infusion Therapy Plan Orders

Instructions to Provider
Review orders and note any changes. All orders with ☑ will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers page 2). Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

Please complete all of the following:

☐ Pre-Service Authorization has been obtained by Kaiser Permanente Fax: 1-888-282-2685 Voice: 1-800-289-1363

<table>
<thead>
<tr>
<th>Order Date: _____________</th>
<th>Diagnosis:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ICD-10 code (REQUIRED): __________________</td>
</tr>
<tr>
<td></td>
<td>ICD-10 description ___________________</td>
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</tbody>
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General Plan Communication
• Special instructions/notes: ____________________________________________________

Provider Information
• Live vaccines should not be given concurrently or within 3 months of discontinuation of therapy
• Do not combine with tumor necrosis factor (TNF) agents or other biologic DMARDS.

Infusion Therapy
☑ Infliximab (REMICADE) in 0.9% sodium chloride 250 mL IV infusion
  
  Dose: ☑ 5 mg/kg ☐ _____ mg/kg x weight (kg) = Total Dose (will be rounded the nearest 100 mg)
  
  Indicate rounded dose: ☐ 300 mg ☐ 400 mg ☐ 500 mg ☐ 600 mg ☐ 700 mg ☐ _____ mg

  Route: Intravenous

  Frequency: Every ___ weeks

  Infusion Rate: 10-250 mL/hr titrated. Start infusion rate at 10 mL/hr and slowly increase infusion rate by doubling rate every 15 minutes. After 1 hour, increase to 150 mL/hr for 30 minutes, then increase to 250 mL/hr until infusion complete.

  Rapid Infusion Rate: Infuse over 60 min at 280mL/hr. May be infused over 60 min if patient agrees and received at least 4 consecutive infliximab (or biosimilar) infusions over 2 hours with no evidence of infusion reaction. Document qualifications prior to administration of rapid infusion.

  If infusion-related reaction:
  1) STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) Notify MD

  Note any changes to above regimen: ______________________________________________

Pre-Meds
☑ acetaminophen (TYLENOL) tablet
  
  Dose: 650 mg Route: Oral Frequency: Once, 30 minutes prior to infliximab infusion.
  
  May also be given once as needed during infusion for achiness, headache, or fever if not given prior to infusion.

☑ cetirizine (ZYRTEC) tablet
  
  Dose: 10 mg Route: Oral Frequency: Once, at least 30 minutes prior to infliximab infusion (if not taken at home).

☑ hydrocortisone sodium succinate (SOLU-CORTEF) injectable [not routine; only if breakthrough reaction]
  
  Dose: 50 mg Route: Intravenous Frequency: Once PRN, 30 minutes prior to infliximab infusion in addition to acetaminophen and antihistamine if patient still experiences symptoms with acetaminophen and antihistamine alone.

☐ Other: __________________________
  
  Dose: _____ Route: Frequency: Once, 30 minutes prior to infliximab infusion

☐ No routine pre-medications necessary. Above pre-meds may be given if patient has reaction and requires pre-medications for future doses.

Provider Signature: __________________________ Date: ________________

Printed Name: __________________________ Phone: ___________ Fax: ___________

Revised Date: 10/29/2018 Kaiser Permanente <Reference#115102>
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IV Line Care
☑️ 0.9% sodium chloride infusion 250 mL
   Rate: 30 mL/hr  Route: Intravenous  Frequency: Run continuously to keep vein open
   Start peripheral IV if no central line
☑️ heparin flush 100 unit/mL
   Dose: 500 units  Route: Intracatheter  Frequency: PRN for IV line care per Nursing Policy

Infusion Reaction Meds
☑️ albuterol (PROVENTIL) nebulizer solution 0.083%
   Dose: 2.5 mg  Route: Nebulization  Frequency: PRN for shortness of breath/wheezing
☑️ diphenhydRAMINE (BENADRYL) injectable
   Dose: 25 mg  Route: Intravenous  Frequency: Once PRN, May repeat x1 for urticaria, pruritis, shortness of breath. May repeat in 15 minutes if symptoms not resolved.
☑️ EPINEPHrine 0.3mg/0.3mL IM Auto-Injector (Epi-Pen)
   Dose: 0.3 mg  Route: Intramuscular  Frequency: Once PRN for anaphylaxis. Inject into lateral thigh and hold for 10 seconds. Massage the injected area. Use for patients weighing greater than 27.3 kg (60 lbs). Use amp and 1.5 inch needle for patients with BMI greater than 30. Notify physician if administered.
☑️ hydrocortisone sodium succinate (SOLU-CORTEF) injectable
   Dose: 100 mg  Route: Intravenous  Frequency: Once PRN for hypersensitivity

Lab Review for Nursing

Rheumatology Indications (when labs available in Epic):
- Ensure CBC, ALT, AST, and Creatinine have been drawn within the last 8 weeks.
- If labs have not been drawn within 8 weeks, proceed with infusion and instruct patient to receive lab draw today.
- If patient is more than 12 weeks overdue for labs, hold infusion and notify provider.

GI/Derm Indications (when labs available in Epic):
- Ensure CBC, ALT, AST, and Creatinine have been drawn within the last 12 weeks.
- If labs have not been drawn within 12 weeks, proceed with infusion and instruct patient to receive lab draw today.
- If patient is more than 16 weeks overdue for labs, hold infusion and notify provider.

Nursing Orders
- Do not administer infliximab and notify provider if patient has a temperature greater than 100 degrees F, complains of symptoms of acute viral or bacterial illness, or if patient is taking antibiotics for current infection.
- Document protocol qualifications in the Therapy Plan if patient will receive rapid infliximab infusion.
- Post infusion observation time per Nursing Standard or as follows: at least 30 minutes for the first 4 infusions, 1-hour for the first rapid infusion, and per nurse discretion for subsequent infusions.
- Discontinue IV line when therapy complete and patient stabilized.

References
- REMICADE® Prescribing Information. Revised June 2018.

Kaiser Permanente Infusion Locations

Bellevue Medical Center
11511 NE 10th St, Bellevue, WA 98004
Fax: 425-502-3811  Phone: 425-502-3820

Capitol Hill Medical Center
201 16th Ave E, Seattle WA 98112
Fax: 206-326-3624  Phone: 206-326-3180

Everett Medical Center
2930 Maple St, Everett, WA 98201
Fax: 425-261-1659  Phone: 425-261-1560

Olympia Medical Center
700 Lily Road N.E., Olympia, WA 98506
Fax: 360-923-7609  Phone: 360-923-7600

Riverfront Medical Center – Spokane
W 322 North River Drive, Spokane, WA 99201
Fax: 509-434-3184  Phone: 509-324-6464

Silverdale Medical Center
10452 Silverdale Way NW, Silverdale, WA 98383
Fax: 360-307-7421  Phone: 360-307-7410

Tacoma Medical Center
209 Martin Luther King Jr Way, Tacoma, WA 98405
Fax: 253-596-3351  Phone: 253-596-3350

Provider Signature: _________________________________  Date: __________________
Printed Name: _____________________________________  Phone: __________________  Fax: __________________