



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the to remove the pre-checked option.

INFLIXIMAB & BIOSIMILARS -ACCELERATED PLAN [11501096] Therapy Plan To Be Used In Infusion Center

Infusion Center Location: _____ Start Date: _____

Diagnosis/Indication: _____

Authorization Number: _____

Patient Name _____ DOB _____ Height _____ Weight _____

INFLIXIMAB & BIOSIMILARS – INITIATION DOSE (WEEK 0)	Interval
<input type="checkbox"/> INFLIXIMAB (REMICADE) in NS IVPB <i>Starting when released, For 1 dose, LOADING DOSE WEEK 0 - Infusion #1 - Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less. Infuse 10ml/hr x15min; then 20ml/hr x15min; then 40ml/hr x15min; then 80ml/hr x15min; then 150ml/hr x15min; then max 250ml/hr until done. Premedication(s) 30 minutes prior to infusion (if applicable). DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE.</i> Dose _____ Frequency _____	Route: _____
<input type="checkbox"/> INFLIXIMAB-DYYB (INFLECTRA) in NS IVPB <i>Starting when released, For 1 dose, LOADING DOSE WEEK 0 - Infusion #1 - Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less. Infuse 10ml/hr x15min; then 20ml/hr x15min; then 40ml/hr x15min; then 80ml/hr x15min; then 150ml/hr x15min; then max 250ml/hr until done. Premedication(s) 30 minutes prior to infusion (if applicable). DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE.</i> Dose _____ Frequency _____	Route: _____
<input type="checkbox"/> INFLIXIMAB-ABDA (RENFLEXIS) in NS IVPB <i>Starting when released, For 1 dose, LOADING DOSE WEEK 0 - Infusion #1 - Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less. Infuse 10ml/hr x15min; then 20ml/hr x15min; then 40ml/hr x15min; then 80ml/hr x15min; then 150ml/hr x15min; then max 250ml/hr until done. Premedication(s) 30 minutes prior to infusion (if applicable). DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE.</i> Dose _____ Frequency _____	Route: _____
INFLIXIMAB & BIOSIMILARS – INITIATION DOSE (WEEK 2)	Interval
<input type="checkbox"/> INFLIXIMAB (REMICADE) in NS IVPB <i>Starting when released, For 1 dose, LOADING DOSE WEEK 2 - Infusion #2 - Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less. Infuse 10ml/hr x15min; then 20ml/hr x15min; then 40ml/hr x15min; then 80ml/hr x15min; then 150ml/hr x15min; then max 250ml/hr until done. Premedication(s) 30 minutes prior to infusion (if applicable). DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE.</i> Dose _____ Frequency _____	Route: _____
<input type="checkbox"/> INFLIXIMAB-DYYB (INFLECTRA) in NS IVPB <i>Starting when released, For 1 dose, LOADING DOSE WEEK 2 - Infusion #2 - Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less. Infuse 10ml/hr x15min; then 20ml/hr x15min; then 40ml/hr x15min; then 80ml/hr x15min; then 150ml/hr x15min; then max 250ml/hr until done. Premedication(s) 30 minutes prior to infusion (if applicable). DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE.</i> Dose _____ Frequency _____	Route: _____
<input type="checkbox"/> INFLIXIMAB-ABDA (RENFLEXIS) in NS IVPB <i>Starting when released, For 1 dose, LOADING DOSE WEEK 2 - Infusion #2 - Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less. Infuse 10ml/hr x15min; then 20ml/hr x15min; then 40ml/hr x15min; then 80ml/hr x15min; then 150ml/hr x15min; then max 250ml/hr until done. Premedication(s) 30 minutes prior to infusion (if applicable). DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE.</i> Dose _____ Frequency _____	Route: _____

Provider Signature _____ EHR User ID _____ Date _____ Time _____

Initials _____

Place Patient Label Here

INFLIXIMAB & BIOSIMILARS – INITIATION DOSE (WEEK 6)	Interval
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<input type="checkbox"/> INFLIXIMAB (REMICADE) in NS IVPB <i>Starting when released, For 1 dose, LOADING DOSE WEEK 6 - Infusion #3 - Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less. Infuse 10ml/hr x15min; then 20ml/hr x15min; then 40ml/hr x15min; then 80ml/hr x15min; then 150ml/hr x15min; then max 250ml/hr until done. Premedication(s) 30 minutes prior to infusion (if applicable). DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE.</i> Dose _____ Frequency _____	Route:
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<input type="checkbox"/> INFLIXIMAB-DYYB (INFLECTRA) in NS IVPB <i>Starting when released, For 1 dose, LOADING DOSE WEEK 6 - Infusion #3 - Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less. Infuse 10ml/hr x15min; then 20ml/hr x15min; then 40ml/hr x15min; then 80ml/hr x15min; then 150ml/hr x15min; then max 250ml/hr until done. Premedication(s) 30 minutes prior to infusion (if applicable). DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE.</i> Dose _____ Frequency _____	Route:
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<input type="checkbox"/> INFLIXIMAB-ABDA (RENFLEXIS) in NS IVPB <i>Starting when released, For 1 dose, LOADING DOSE WEEK 6 - Infusion #3 - Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less. Infuse 10ml/hr x15min; then 20ml/hr x15min; then 40ml/hr x15min; then 80ml/hr x15min; then 150ml/hr x15min; then max 250ml/hr until done. Premedication(s) 30 minutes prior to infusion (if applicable). DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE.</i> Dose _____ Frequency _____	Route:
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INFLIXIMAB & BIOSIMILARS – MAINTENANCE DOSE (INFUSION #4)	Interval
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<input type="checkbox"/> INFLIXIMAB (REMICADE) in NS IVPB <i>Starting when released, For 1 dose, Infusion #4 – Titration; Infuse 10ml/hr x 15min; then 20ml/hr x 15 min; then 40ml x 15min; then 80ml/hr x15 min; then 150ml/hr x 15min; then max 250ml/hr until done. Premedication(s) 30 minutes prior to infusion (if applicable). DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE. Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less.</i> Dose _____ Frequency _____	Route:
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<input type="checkbox"/> INFLIXIMAB-DYYB (INFLECTRA) in NS IVPB <i>Starting when released, For 1 dose, Infusion #4 – Titration; Infuse 10ml/hr x 15min; then 20ml/hr x 15 min; then 40ml x 15min; then 80ml/hr x15 min; then 150ml/hr x 15min; then max 250ml/hr until done. Premedication(s) 30 minutes prior to infusion (if applicable). DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE. Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less.</i> Dose _____ Frequency _____	Route:
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<input type="checkbox"/> INFLIXIMAB-ABDA (RENFLEXIS) in NS IVPB <i>Starting when released, For 1 dose, Infusion #4 – Titration; Infuse 10ml/hr x 15min; then 20ml/hr x 15 min; then 40ml x 15min; then 80ml/hr x15 min; then 150ml/hr x 15min; then max 250ml/hr until done. Premedication(s) 30 minutes prior to infusion (if applicable). DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE. Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less.</i> Dose _____ Frequency _____	Route:
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INFLIXIMAB & BIOSIMILARS – MAINTENANCE DOSE (INFUSION #5-8)	Interval
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<input type="checkbox"/> INFLIXIMAB (REMICADE) in NS IVPB <i>Starting when released, For 1 dose, Infusion #5-8 – Infuse over 1 hour. Premedication(s) 30 minutes prior to infusion (if applicable). DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE. Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less.</i> Dose _____ Frequency _____	Route:
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<input type="checkbox"/> INFLIXIMAB-DYYB (INFLECTRA) in NS IVPB <i>Starting when released, For 1 dose, Infusion #5-8 – Infuse over 1 hour. Premedication(s) 30 minutes prior to infusion (if applicable). DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE. Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less.</i> Dose _____ Frequency _____	Route:
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Provider Signature	EHR User ID	Date	Time
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Initials _____

INFLIXIMAB-ABDA (RENFLEXIS) in NS IVPB Route:
Starting when released, For 1 dose, Infusion #5-8 – Infuse over 1 hour. Premedication(s) 30 minutes prior to infusion (if applicable). DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE. Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less.
 Dose _____ Frequency _____

INFLIXIMAB & BIOSIMILARS – MAINTENANCE DOSE (Infusion #9+) Interval

INFLIXIMAB (REMICADE) in NS IVPB Route:
Starting when released, For 1 dose, Infusion #9+ – Infuse over 30 minutes. Premedication(s) 30 minutes prior to infusion (if applicable). DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE. Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less.
 Dose _____ Frequency _____

INFLIXIMAB-DYYB (INFLECTRA) in NS IVPB Route:
Starting when released, For 1 dose, Infusion #9+ – Infuse over 30 minutes. Premedication(s) 30 minutes prior to infusion (if applicable). DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE. Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less.
 Dose _____ Frequency _____

INFLIXIMAB-ABDA (RENFLEXIS) in NS IVPB Route:
Starting when released, For 1 dose, Infusion #9+ – Infuse over 30 minutes. Premedication(s) 30 minutes prior to infusion (if applicable). DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE. Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less.
 Dose _____ Frequency _____

Labs Interval

Complete Blood Count with Automated Differential Once
Starting when released

Comprehensive Metabolic Panel Once
Starting when released

Treatment Lab Instructions PRN
*Starting when released Nursing to release the following labs: -CBC with Differential, -CMP, Provider approves to Release and Draw labs 2 days Pre & Post this Planned Treatment Date. Draw labs *** every 3 months ** or *** every 6 months *** unless patient has had lab drawn in the last 4 weeks. Provider will need to address the frequency of lab draws.*

Provider Communication Orders Interval

Provider Communication Once
Starting when released This plan is for patients that have completed at least 4 consecutive infusions of infliximab over standard titration rate with no evidence of infusion reaction. Most recent titration to have been done within 12 weeks of potential conversion.

Provider Communication PRN
Starting when released Ordering physician/provider has screened this patient for history of chronic infection, heart failure, seizure disorder, liver disease, tuberculosis, blood dyscrasias, hepatitis (hepatitis B surface antigen and hepatitis B core antibody), or malignancy prior to initiation of InFLIXimab (Remicade®) or biosimilar equivalent therapy.

Provider Communication Once
Starting when released Select most appropriate orders (one set only) for IV access / central line - if selecting a central line access set of orders, then de-select IV access.

Nursing Orders Interval

 Provider Signature EHR User ID Date Time

Initials

Place Patient Label Here

<input type="checkbox"/>	Nursing Communication	Every visit	
	<i>Starting when released Infusion # 1-4: vitals prior to infusion, before each rate increase, 30 minutes following infusion. Observe patient 30 minutes after completion of infusion. Infusion # 5-8: vitals prior to infusion, 30 minutes after initiation, at end of infusion, and 30 minutes following infusion. Observe patient 30 minutes after completion of infusion. Infusion #9: vitals prior to infusion, at end of infusion, and 30 minutes following infusion. Observe patient 30 minutes after completion of infusion. Infusion #10 & beyond: vitals prior to infusion and end of infusion. No observation required upon completion of infusion.</i>		
<input type="checkbox"/>	Nursing Communication	Every visit	
	<i>Starting when released Completed at least 4 consecutive infusions of infliximab over standard titration rate with no evidence of infusion reaction. Most recent titration to have been done within 12 weeks of potential conversion.</i>		
<input type="checkbox"/>	Nursing Communication	Every visit	
	<i>Starting when released For patients who have received their last infliximab infusion longer than 12 weeks ago, reinitiate titration.</i>		
<input type="checkbox"/>	Nursing Communication	Every visit	
	<i>Starting when released For established accelerated infusion patients changing infliximab products, reinitiate titration.</i>		
<input type="checkbox"/>	Insert peripheral IV	PRN	
	<i>Starting when released</i>		
<input type="checkbox"/>	Access & Use Central Line/CVAD	PRN	
	<i>Starting when released Access vascular device and confirm patency.</i>		
<input type="checkbox"/>	Access & Use Central Line/CVAD	PRN	
	<i>Starting when released Access vascular device and confirm patency.</i>		
<input type="checkbox"/>	sodium chloride (NS) flush 10 mL	PRN	Route: IV
	<i>Line Care, Starting when released</i>		
<input type="checkbox"/>	Initiate Central Line (Non-PICC) Maintenance Protocol	PRN	
	<i>Starting when released</i>		
<input type="checkbox"/>	Initiate PICC Maintenance Protocol	PRN	
	<i>Starting when released</i>		
<input type="checkbox"/>	sodium chloride 0.9 % injection 10 mL	PRN	Route: IV
	<i>Other, Line Care prior to medication administration, Starting when released</i>		
<input type="checkbox"/>	Nursing Communication	PRN	
	<i>Starting when released Change PICC line dressing weekly and as needed.</i>		
<input type="checkbox"/>	sodium chloride 0.9 % injection 10 mL	PRN	Route: IV
	<i>Other, Line Care post medication administration, Starting when released</i>		
<input type="checkbox"/>	sodium chloride 0.9 % injection 10 mL	PRN	Route: IV
	<i>Other, Line Care prior to medication administration, Starting when released</i>		
<input type="checkbox"/>	sodium chloride 0.9 % injection 20 mL	PRN	Route: IV
	<i>Other, Line Care post lab draw, Starting when released</i>		
<input type="checkbox"/>	sodium chloride 0.9 % injection 10 mL	PRN	Route: IV
	<i>Other, Line Care post medication administration, Starting when released</i>		
<input type="checkbox"/>	sodium chloride 0.9 % injection 10 mL	PRN	Route: IV
	<i>Other, Line Care at discharge and de-access, Starting when released</i>		

Provider Signature	EHR User ID	Date	Time
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Initials

Place Patient Label Here

<input type="checkbox"/>	sodium chloride 0.9 % injection 20 mL <i>Other, Line Care post lab draw, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	heparin, porcine (PF) 100 unit/mL flush 500 Units <i>Line Care, for de-access, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	alteplase (CATHFLO) injection 2 mg <i>Other, Line Care, Starting when released, For 2 dose, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix by gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded.</i>	PRN	Route: Intra-Catheter
<input type="checkbox"/>	alteplase (CATHFLO) injection 2 mg <i>Other, Line care, Starting when released, For 2 dose, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix by gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded</i>	PRN	Route: Intra-Catheter

Pre-Medications		Interval	
<input type="checkbox"/>	acetaminophen (TYLENOL) tablet 650 mg <i>Once Starting when released, For 1 dose</i>	Every visit	Route: Oral
<input type="checkbox"/>	diphenhydrAMINE (BENADRYL) capsule 25 mg <i>Once Starting when released, For 1 dose</i>	Every visit	Route: Oral
<input type="checkbox"/>	loratadine (CLARITIN) tablet 10 mg <i>Once Starting when released, For 1 dose</i>	Every visit	Route: Oral
<input type="checkbox"/>	methyIPREDNISolone sodium succinate (Solu-MEDROL) injection 40 mg <i>Once Starting when released, For 1 dose</i>	Every visit	Route: IV

PRN Medications		Interval	
<input type="checkbox"/>	sodium chloride (NS) flush 10 mL <i>10 mL As Needed IV Line Care, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % bolus 500 mL <i>500 mL Once As Needed IV Line Care, Starting when released, Run at TKO (25ml/hr)</i>	PRN	Route: IV

Emergency Medications		Interval	
<input type="checkbox"/>	diphenhydrAMINE (BENADRYL) injection 25-50 mg <i>25 to 50 mg Once As Needed IV Other, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritis), For 1 dose, Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25mg IV dose for a total of 50 mg, and notify provider</i>	PRN	Route: IV
<input type="checkbox"/>	albuterol 90 mcg/actuation inhaler 2 puff <i>2 puff Once As Needed Inhalation Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider, Starting when released, Administer with a spacer if available.</i>	PRN	Route: Inhalation
<input type="checkbox"/>	methyIPREDNISolone sodium succinate (Solu-MEDROL) injection 125 mg <i>125 mg Once As Needed IV For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist after administration of diphenhydramine (Benadryl), and notify provider, Starting when released, For 1 dose</i>	PRN	Route: IV

Provider Signature	EHR User ID	Date	Time
Initials			

EPINEPHrine (ADRENALIN) injection 0.5 mg PRN Route: Intramuscular

0.5 mg Once As Needed Intramuscular Other, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (>= 40 points in SBP), shortness of breath with wheezing and O2Sat <90%), and notify provider, For 1 dose

Provider Signature EHR User ID Date Time

Initials

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INFLIXIMAB & BIOSIMILARS -ACCELERATED PLAN

Prog & Orders