Oregon Network Regional Infusion Center Guidelines

Infliximab

Standard infusion:

Begin infusion at 10 mL/hour for 15 minutes, then increase to 20 mL/hour for 15 minutes, then increase to 40 mL/hour for 15 minutes, then increase to 80 mL/hour for 15 minutes, then increase to 150 mL/hour for 15 minutes, then increase to 250 mL/hr until infusion complete.

If adverse reaction occurs, stop infusion and notify physician. After symptoms have resolved, if so ordered, resume infusion at 10 mL/hr and increase rate as indicated above.

Accelerated infusion:

Patients who are eligible for an accelerated infusion must meet the following criteria:

- Completion of four 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.
    - No reactions observed in the past 3 years.

Eligible patients will receive infusions under the following treatment guide:

Duration	2 hour infusion (Dose 1-4)	1 hour infusion (Dose 5-8)	30 min infusion (Dose 9)	30 min infusion (Dose 10+)
Titration	10 mL/hr for 15 min 20 mL/hour for 15 min 40 mL/hour for 15 min 80 mL/hour for 15 min 150 mL/hour for 15 min 250 mL/hr until completion	No titration	No titration	No titration

- Patients who received their last dose of infliximab longer than 12 weeks ago will be required to reinitiate the titration schedule.
- Patients who are changing infliximab products will be required to reinitiate titration.

Rituximab

Standard Infusions

Initial infusion: Start rate of 50ml/hour, if no reaction, increase the rate by 50 mL/hour increments every 30 minutes, to a maximum rate of 400 mL/hour.

If no reaction during 1st infusion, subsequent infusions may start at 100 mL/hr & increase by 100 mL/hr every 30 mins as tolerated. Max 400 mL/hr.

Accelerated Infusions

Patients who are eligible for an accelerated infusion must meet the following criteria:

- Greater than or equal to 18 years of age
- Did not experience any infusion-related serious adverse event (SAE) or Grade 3/4 infusion-related reaction (IRR) in Cycle 1
- Have an ECOG PS 0-2 (Oncology Patient only)
- Have a circulating lymphocyte count ≤5,000/µL at the start of Cycle 2
- Patient does not have significant cardiovascular disease (uncontrolled hypertension, myocardial infarction, unstable angina; New York Heart Association (NYHA) Classification Grade II or greater congestive heart failure; a ventricular arrhythmia requiring medication within 1 year prior to Day 1; or NYHA Grade II or greater peripheral vascular disease on Day 1)

Eligible patients will receive accelerated infusions under the following treatment guide:

- First dose will be administered following the standard infusion
- Second dose and all remaining will be administered as an accelerated infusion with a goal of 90 minutes as tolerated:
    - 20% of the total dose over the first 30 minutes
    - 80% of the total dose over the following 60 minutes