

 <p><b>VANCOUVER CLINIC</b><sup>®</sup>  <b>ADULT AMBULATORY NON-CHEMO  INFUSION REFERRAL and ORDER</b></p> <p>Attn: Infusion Department</p> <p><b>Infliximab-dyyb (INFLECTRA<sup>®</sup>)  Infliximab (REMICADE<sup>®</sup>)</b></p>	<p><b>NAME:</b>  <b>DOB:</b>  <b>INSURANCE:</b>  <b>PROVIDER NAME:</b>  <b>CLINIC NAME and Phone number:</b></p>
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Weight: \_\_\_\_\_ lb/kg    Height: \_\_\_\_\_ inch/cm  
Diagnostic Code ICD-10: \_\_\_\_\_    Diagnosis: \_\_\_\_\_

Initial Consult     Annual Renewal  
Treatment Start Date: \_\_\_\_\_

**\*\*These orders will expire after 365 days; new orders are needed after the expiration date\*\***

This form serves as a referral to infusion services and for medication ordering.  
Patients will be seen by our internal infusion clinician for purposes of providing care.

**GUIDELINES FOR ORDERING:**

- Send FACE SHEET and H&P, relevant labs and/or most recent chart note
- Vancouver Clinic infusion service will initiate Adverse Reaction Algorithm per our service protocol.
- Pre-medication(s) based on protocol (if needed)
- If pre-screening test and labs are not accessible through Epic, please fax a copy of request lab as well (see below). Otherwise, authorized Vancouver Clinic infusion clinician to order the lab.
- Patient must be able to ambulate independently (if patient needs assistance with restrooming, a personal caregiver or capable family member must accompany and remain with patient for the duration of the appointment).
- Reference drug or biosimilar product will be ordered and administered based on insurance formulary requirements.

**PRE-SCREENING/LAB:**

- CBC with differential
- CMP
- HIV (RNA/NAAT, ½ Antibody and p24 Antigen)
- Hepatitis B surface antigen and core antibody total
- HCV antibody
- Tuberculin test (PPD or QuantiFERON Gold blood test). If result is indeterminate, a follow up chest X-ray must be performed to rule out TB.

*Please fax the completed form and pertinent information to Fax: 360-604-1776*

**Vancouver Clinic Outpatient Infusion Service - 700 NE 87th Ave Suite 330, Vancouver, WA 98664**  
**Phone: 360-541-3245**



**VANCOUVER CLINIC<sup>®</sup>**  
**ADULT AMBULATORY NON-CHEMO**  
**INFUSION REFERRAL and ORDER**

Attn: Infusion Department

**Infliximab-dyyb (INFLECTRA<sup>®</sup>)**  
**Infliximab (REMICADE<sup>®</sup>)**

**NAME:**  
**DOB:**  
**INSURANCE:**  
**PROVIDER NAME:**  
**CLINIC NAME and Phone number:**

**MEDICATIONS:**

- Infliximab-dyyb (INFLECTRA<sup>®</sup>), Infliximab (REMICADE<sup>®</sup>) or equivalent biosimilar In sodium chloride 0.9% 250 mL (or 500 mL if dose > 1000 mg), intravenous, once, administer over 2-3 hours (induction doses titrated over 3 hours based on patient tolerance)

Pharmacist will use most recent initial weight and round dose to the nearest 100 mg vial.

- 3 mg/kg x \_\_\_\_\_ kg = \_\_\_\_\_ mg
- 5 mg/kg x \_\_\_\_\_ kg = \_\_\_\_\_ mg
- 10 mg/kg x \_\_\_\_\_ kg = \_\_\_\_\_ mg, for adult patients with incomplete response to standard dosing)

**Interval:** (must check one)

- Induction doses at 0, 2, and 6 weeks, followed by every 8 weeks
- Maintenance doses, next dose due \_\_\_\_\_
  - Every 4 weeks
  - Every 5 weeks
  - Every 6 weeks
  - Every 8 weeks
  - Other \_\_\_\_\_
- Other \_\_\_\_\_

**Provider's signature:** \_\_\_\_\_

**Provider's printed name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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