GREATER BOSTON INFUSION CENTER
17/19 Kendrick St, Wrentham, MA 02093
P 774-581-0032 | F 774-581-0033

Infliximab - Referral Checklist

Referral packet checklist Complete this page and attach the supporting items below.

PATIENT & REFERRING PROVIDER

PATIENT NAME | DOB | DATE

REFERRING PROVIDER | NPI | DIRECT CONTACT / EXT.

OFFICE / PRACTICE | PHONE | FAX

EMAIL | URGENT CLINICAL CONTACT

REQUIRED REFERRAL PACKET

- [ ] Patient demographics and contact information
- [ ] Primary and secondary insurance information; front/back card copies
- [ ] Supporting clinical notes / office visits documenting Infliximab treatment plan
- [ ] Current medication list and allergies
- [ ] Relevant laboratory results / imaging and baseline safety information
- [ ] Completed Infliximab prescribing order (following page)

MEDICATION-SPECIFIC CLINICAL DOCUMENTATION

- Note should include any therapies tried/failed, and must include discussion about Infliximab
- Medication list and allergies
- Baseline: CBC w diff, LFTs, negative Hepatitis B screening, and negative TB screening
- Recommended: monitor CBC w diff and LFTs periodically with treatment

GBIC INTERNAL USE

REFERRAL RECEIVED | BENEFITS VERIFIED | PA STATUS / THROUGH | SCHEDULED

Prescribing Order - Infliximab

☐ New Start ☐ Maintenance DATE OF LAST DOSE / INFUSION

ORDER DETAILS

DATE OF ORDER | PATIENT NAME | DOB | M/F

DIAGNOSIS / ICD-10 ☐ NKDA PATIENT WEIGHT

ALLERGIES

PREMEDICATIONS

- ☐ Acetaminophen 1000mg PO
- ☐ Loratadine 10mg or Cetirizine 10mg PO
- ☐ Diphenhydramine 25mg PO
- ☐ Diphenhydramine 25mg IV
- ☐ Solu-medrol 125mg IV
- ☐ Other

LAB ORDERS

- ☐ CBC w/diff, CMP every
- ☐ LFTs every
- ☐ Other

Prescribing Order - Infliximab (continued)

INFLIXIMAB MEDICATION ORDER

☐ Infuse Remicade OR ❑ Infliximab biosimilar as required by patient's insurance

Dosing: ❑ 5mg/kg ❑ 10mg/kg ❑ Other

Frequency: ❑ Week 0, 2, and 6 then every 8 weeks ❑ Other

ADMINISTRATION & MONITORING

- ✓ Reconstitute each 100 mg Infliximab vial with 10 mL of Sterile Water for Injection.
- ✓ Determine dose based on patient weight then dilute the required volume of the reconstituted Infliximab
- ✓ solution in 250 mL 0.9% Sodium Chloride.
- ✓ Infuse Infliximab over at least 2 hours with in-line 0.2 micron filter.
- ✓ Do not administer if patient has active signs or symptoms of infection.
- ✓ In case of infusion reaction, STOP infusion and follow GBIC infusion reaction protocol. Notify physician.
- ✓ Signature Date

PROVIDER AUTHORIZATION

ORDERING PROVIDER NAME | **NPI** | **DATE**

SIGNATURE | **OFFICE PHONE / EXT.**

Handwritten or compliant electronic signature