nufactor
A SPECIALTY INFUSION COMPANY

For questions, call 1.800.323.6832

Infliximab/Golimumab Orders

Fax all pages to (855) 270-7347

Patient Information

Order Date:	Requested Start of Care Date:		Date of Birth:
Patient name:		Height:	Weight: lb / kg
Address:		City:	State: Zip:
Primary Dx:			ICD-10:
2° Dx:	ICD-10:	IV Access: ◯ Periph ◯ Port ◯ Other:	
Allergies:			

Clinical History (complete upon initial referral only)

Prescribed drug use: ◯ Naive ◯ Transfer; on therapy since _____ ◯ Past use, but not current Last dose: _____

Tuberculosis (testing recommended before start; most payers require annual testing)	Last TB test date: _____ TB test result: ☐ negative ☐ positive ☐ No current TB sx If pending/ordered lab test, date: _____ If anti-TB therapy, drug(s) / date(s): _____ ☐ Currently on infliximab or golimumab, no TB test within 12 months; OK to proceed with therapy
Hepatitis B virus (testing recommended before start)	Last HBV test date: _____ HBV test result: ☐ negative ☐ positive ☐ No current HBV sx If pending/ordered lab test, date: _____ If antiviral therapy, drug(s) / date(s): _____ ☐ Received HBV vaccine series ☐ No HBV testing; OK to proceed with therapy

Meds tried & failed:		Meds contraindicated:	

Disease	Not present	Current	Past history	Notes, current / past history detail, pertinent baseline labs
Hepatic disease	☐	☐	☐	
Neutropenia	☐	☐	☐	
Anemia	☐	☐	☐	
CHF	☐	☐	☐	NYHA Functional Class ☐ I ☐ II ☐ III ☐ IV

INFLIXIMAB	GOLIMUMAB
Brand: ◯ **Inflectra**® ◯ **Remicade**® ◯ **Renflexis**® 100mg vial	Brand: **Simponi Aria**® 50mg/4ml vial
_____ **mg** **OR** _____ **mg/kg**	_____ **mg** **OR** _____ **mg/kg** **OR** ☐ **2 mg/kg**
◯ At 0, 2 & 6 weeks and then every 8 weeks ◯ At 0, 2 & 6 weeks and then every 6 weeks (usual ankylosing spondylitis regimen) ◯ Maintenance only: every 8 weeks ◯ Maintenance only: every 6 weeks (usual ankylosing spondylitis regimen) ◯ Other: _____	◯ At 0 & 4 weeks and then every 8 weeks ◯ Maintenance only: every 8 weeks ◯ Other: _____
Infuse IV over at least 2 hours as tolerated unless otherwise specified:	Infuse IV over at least 30 minutes.
Round dose to nearest 100 mg or 10 mg for doses <101 mg Decline ☐	Round dose to the nearest 50 mg vial Decline ☐

Pharmacist to adjust doses ordered in mg/kg if weight changes +/- 10% Decline ☐

+/- ____ days for scheduling flexibility | Refill ____ doses (unless noted, all prescriptions valid 1 year from date signed.)

Premedication Orders / Other Orders

Patient Type	Drug	Description / Dispense Quantity Sufficient	Dose	Route / Frequency	Decline
Adult & Pediatric ≥12 years (if not at least 95 lb., follow <12 years dosing)	Acetaminophen	325 mg tab or 160 mg/5 ml oral 120 ml	325 - 650 mg	Orally pre-mAb prn. May repeat q 4 - 6 hr prn. Max 3 gm/day.	Decline ☐
Pediatric 0 - 11 years		160 mg/5 ml oral 120 ml	10 mg/kg (round to nearest 1/4 tsp)	Orally pre-mAb prn. May repeat q 4 - 6 hr prn. Max 50 mg/kg/day.	
Adult	Diphenhydramine	25 mg tab or	25 - 50 mg	Orally pre-mAb prn. May repeat q 4 - 6 hr prn.	Decline ☐
Pediatric ≥ 12 years		12.5 mg/5 ml oral 120 ml	25 mg		
Pediatric 6 - 11 years		12.5 mg/5 ml oral 120 ml	12.5 - 25 mg		
Pediatric 2 - 5 years		12.5 mg/5 ml oral 120 ml	6.25 mg		
Adult & Pediatric ≥6 years	Loratadine (if excessive drowsiness from diphenhydramine)	10 mg tab or 5 mg/5 ml oral 120 ml	10 mg	Orally pre-mAb prn. No repeat.	Decline ☐
Pediatric 2 – 5 years		5 mg/5 ml oral 120 ml	5 mg		

nufactor
A SPECIALTY INFUSION COMPANY

For questions, call 1.800.323.6832

Infliximab/Golimumab Orders

Patient Name:

Premedication Orders / Other Orders (continued)

Patient Type	Drug Description / Instructions - Dispense Quantity Sufficient
Infliximab	• Sterile Water for Injection 10 ml vial (or other available size):Use as directed to reconstitute infliximab. • Sodium chloride 0.9% 250 ml or 500 ml bag: Use as directed to dilute & administer infliximab (make final concentration 0.4 – 4 mg/ml). • Sodium chloride 0.9% 100 ml bag: Use to flush gravity tubing with appx. 25 ml after dose to clear line of drug. ☐ Decline
Golimumab	• Sodium chloride 0.9% 100 ml bag: Use as directed to dilute & administer golimumab. Use to flush gravity tubing with appx. 25 ml after dose to clear line of drug. ☐ Decline
All	• Lidocaine/prilocaine 2.5%/2.5% cream 30 gm (or other available size):Apply topically 60 min. pre-needle insertion prn discomfort ☐ Decline
Adult & Pedi >15kg	• Sodium chloride 0.9% 10 ml syringe:Flush peripheral line pre/post with 1 – 3 ml & may use to reconstitute infliximab ☐ n/a • Heparin10 units/ml 5 ml syringe: Flush peripheral line with 1 - 3 ml post last NS.
Other Orders:	

Anaphylaxis Orders

Patient Type	Drug	Description / Dispense Quantity Sufficient	*Reaction Severity	Dose	Route/Frequency
Adult	Diphenhydramine	25 mg tab #24 or 12.5 mg/5 ml oral 120 ml	Mild or Severe	50 mg	Orally every 6 hr.
Pediatric		12.5 mg/5 ml oral 120 ml		1.25 mg/kg (max 50 mg)	
Adult & Pediatric >66 lbs	Epinephrine	0.3 mg Auto-Injector #2 or 1 mg/ml 1 ml vial/amp #2	Severe	0.3 mg	IM (auto-injector) or SubQ (vial/amp) x 1 dose. May repeat in 5 – 15 minutes.
Pediatric 33 - 66 lbs		0.15 mg Auto-Injector #2 or 1 mg/ml 1 ml vial/amp #2		0.15 mg	
Pediatric <33 lbs		1 mg/ml 1 ml vial/amp #2		0.01 mg/kg	SC x 1 dose. May repeat in 5 – 15 minutes.
Adult and Pediatric	Sodium chloride 0.9%	250 ml IV Bag #1	Severe	250 ml	Stop causative drug, then administer IV at KVO rate.

*Mild allergic reactions include itching, hives, rash, nausea and/or vomiting
*Severe anaphylaxis reactions include angioedema, wheezing, difficulty breathing, swelling of eyelids or lips

Other Orders:

Ancillary Supplies and DME Orders (Dispense quantity sufficient)

Ancillary supplies, including a disposable IV pole, for the infusion of infliximab or golimumab via peripheral IV, port, or indwelling central catheter via gravity or by ambulatory infusion pump.

Nursing Orders

- Nurse to obtain IV access via placement of peripheral IV or insertion of port needle when applicable. If IV access is not obtained after 3 attempts, nurse should contact Nufactor for assistance.
- Nurse to administer infliximab or golimumab and ancillary medications per physician orders
- Nurse to remove peripheral IV catheter after completion of infusion. If peripheral IV, may leave in place up to 5 days as long as no erythema or edema. If port, may leave access device in place up to 7 days. If PICC, change dressing weekly. Nurse to monitor for signs/symptoms of infection/infiltration.

Physician Information

Signature:

Date:

Name:

NPI#:

Address:

Phone: Fax:

Fax all pages to (855) 270-7347