



Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_ ID# \_\_\_\_\_

Weight \_\_\_\_\_ Date \_\_\_\_\_

## Infliximab (REMICADE)

Diagnosis: (ICD-10 code) \_\_\_\_\_ - Description \_\_\_\_\_

### For Provider

- Induction Schedule: Infuse Infliximab at 1, 2, 6 weeks THEN every 2 months
- Special Instructions: \_\_\_\_\_

### Outpatient Medications

### Infusion Medication

#### **Infliximab (REMICADE) in 0.9% Sodium Chloride 250 mL IV**

**Dose:** 5 mg/kg IV every 2 weeks x 2 doses, then every 4 weeks x 1 dose, then every 8 weeks

### Pre-Meds

- Hydrocortisone Sodium succinate (SOLU-CORTEF) injectable  
Dose: 50 mg through IV, Once PRN, 30 minutes prior to Infliximab infusion; can be taken with Acetaminophen and Antihistamine if patient still shows symptoms with Acetaminophen and Antihistamine alone
- Acetaminophen (TYLENOL) tablet  
Dose: 650 mg PO, Once, 30 minutes before Infliximab Infusion; Can be taken during infusion only Once if patient complains of headache, achiness, or if feverish
- Cetrizine (ZYRTEC) tablet  
Dose: 10 mg, PO, Once, at least 30 minutes before Infliximab infusion begins

Other: \_\_\_\_\_

**Labs**

**Additional Orders**

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_