



Renflexis Infusion Orders

(infliximab-abda)

Please fax the following documentation to 858 764-9765:

- Demographics
- Insurance information
- H&P relevant to diagnosis
- Current TB /Hep B lab results
- current medication and allergy list

Patient information:

Date: _____ Patient Name/DOB _____

ICD10 CODE _____ Diagnosis _____

Weight _____ lbs/kg Height _____

Allergies _____

Prescriber information:

Prescriber Name/NPI _____

Office Address _____

Contact Person _____ Phone # _____ fax # _____

Next Infusion Date _____

Pre-Medications:

- Acetaminophen 650mg PO
- Diphenhydramine 25mg
- Zyrtec/Claritin 10mg PO

Renflexis (infliximab-adba) IV Dosing

- 3mg/kg
- 5mg/kg
- 7.5mg/kg
- 10mg/kg
- ok to round to nearest 100mg

Frequency:

- initial dose at 0, 2, 6 weeks, **then**
- Q 4 weeks
- Q 6 weeks
- Q 8 weeks

Prescriber Signature _____

PRN meds administered per San Diego Infusion Center Protocol

- Diphenhydramine 50mg IV
- Solu-Medrol 125mg IV
- Normal Saline Bolus 500mls IV

Prescriber Signature _____

