



# Infliximab-dyyb (INFLECTRA)

6955 Foothill Blvd, Suite 67A, Oakland, CA, 94605

Phone: (510) 878-9528 | Fax: (510) 969-5840 | Email: referrals@totalinfusion.com

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender:  Male  Female

Allergies: \_\_\_\_\_

### DIAGNOSIS (ICD-10 code required):

- \_\_\_\_\_ Rheumatoid Arthritis
- \_\_\_\_\_ Psoriatic Arthritis
- \_\_\_\_\_ Plaque Psoriasis
- \_\_\_\_\_ Ankylosing Spondylitis
- \_\_\_\_\_ Crohn's Disease
- \_\_\_\_\_ Ulcerative Colitis
- \_\_\_\_\_ Other: \_\_\_\_\_

### PROVIDER REMINDERS:

- All orders with a  will be placed unless otherwise noted
- Screen for viral hepatitis prior to use
- Ensure baseline PPD or quantiFERON-TB assay for latent TB
- Live vaccines should not be given concurrently or within 3 months of discontinuation of therapy
- Do not combine with tumor necrosis factor (TNF) agents or other biologic DMARDS
- **Rheumatology:** CBC, ALT, AST, and Creatinine every 8 weeks
- **GI/Derm:** CBC, ALT, AST, and Creatinine every 12 weeks

### TREATMENT CRITERIA:

Hold Infliximab-dyyb (INFLECTRA) if:

- Temperature **GREATER THAN** 100 degrees F
- Complains of symptoms of acute viral or bacterial illness
- Taking antibiotics for current infection
- *Initial dose only:* Unable to verify negative TB and HBV results
- Live vaccines received within 30 days of treatment
- **Rheumatology:** CBC, ALT, AST, and Creatinine have not been drawn within the last 12 weeks
- **GI/Derm:** CBC, ALT, AST, and Creatinine have not been drawn within the last 16 weeks

Nursing Considerations:

- **Rheumatology:** Ensure CBC, ALT, AST, and Creatinine have been drawn within the last 8 weeks, if not, proceed with infusion and instruct patient to have labs drawn today
- **GI/Derm:** Ensure CBC, ALT, AST, and Creatinine have been drawn within the last 12 weeks, if not, proceed with infusion and instruct patient to have labs drawn today
- Monitor for adverse reaction, including vital signs and pulse ox, every 15 minutes until max infusion rate achieved, then at the end of infusion, and 30 minutes post infusion
- Patient may forgo 30 minute post observation period after four consecutive infusions at 125mL/hr (max rate), without adverse reaction

### Premedications

- Acetaminophen (TYLENOL) 650mg PO**, Once, 30 minutes prior to Infliximab-dyyb infusion.
- Cetirizine (ZYRTEC) 10mg PO**, Once, at least 30 minutes prior to Infliximab-dyyb infusion.
- Hydrocortisone Sodium Succinate (SOLU-CORTEF) 50mg IVP, (NOT ROUTINE; ONLY IF BREAKTHROUGH REACTION)** Once PRN, 30 minutes prior to Infliximab-dyyb infusion in addition to Acetaminophen and Cetirizine if patient experiences symptoms with Acetaminophen and Cetirizine alone.
- \_\_\_\_\_

### Medications

Patient Weight \_\_\_\_\_kg (**REQUIRED**)

Infuse **Infliximab-dyyb (INFLECTRA)** Intravenously:

Dose:

- 3mg/kg                       5mg/kg                       10mg/kg

Initial Dose: Start infusion rate at 10mL/hr, then double rate every 15 minutes. After one hour, increase rate to 125mL/hr until infusion is complete.

Subsequent Infusions: If no adverse reaction to initial dose, start infusion rate at 40mL/hr for 15 minutes, then increase rate to 125mL/hr until infusion is complete. Then, if no adverse reaction for at least 4 more consecutive treatments, start infusion rate at 125mL/hr.

Frequency:

- Induction + Maintenance: Every 2 weeks x 2 doses, then every 4 weeks x 1 dose, then every 8 weeks thereafter
- Maintenance: Every 8 weeks

**IV LINE CARE** per Nursing Policy

**INFUSION REACTION MEDICATIONS** per Standardized Procedures

**TREATMENT ORDER WEIGHT** will be utilized for the duration of the order. Patient will be weighed prior to every treatment. Prescriber will be notified of weight change greater than 10% from baseline weight.

Special Instruction(s):

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Office Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_