

## INFLIXIMAB OR BIOSIMILARS - INITIATION DOSES (0 , 2, & 6 WEEKS) [11500955] Columbia Network Infusion Centers

Select Location: ☐ Southwest/Vancouver ☐ St John/Longview Start Date: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_

ICD-10 Code(s): \_\_\_\_\_ Authorization Number: \_\_\_\_\_

Patient Vitals: Height \_\_\_\_\_ Weight \_\_\_\_\_

### Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- ☒ **I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.**

### Pre-Screening Labs

- ☒ Provider Communication  
Provider to send PPD/Tuberculosis screening and Hep B screening lab results with completed orders.

### Labs

### Interval

- ☐ Complete Blood Count W/ Automated Differential Frequency \_\_\_\_\_
- ☐ Comprehensive Metabolic Panel Frequency \_\_\_\_\_

### Pre-Medications

### Interval

- |  |             |             |
|--|-------------|-------------|
| <input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg                             | Every Visit | Route: Oral |
| <input type="checkbox"/> loratadine (CLARITIN) tablet 10 mg                                | Every Visit | Route: Oral |
| <input type="checkbox"/> diphenhydramine (BENADRYL) capsule 25 mg                          | Every Visit | Route: Oral |
| <input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 40 mg | Every Visit | Route: IV   |

### Supportive Care

### Interval

**PLEASE SELECT (AND OBTAIN INSURANCE AUTHORIZATION IF REQUIRED) FOR ONE OF THE PEACEHEALTH PREFERRED AGENTS BELOW. THEY ARE LISTED IN ORDER OF PREFERENCE.**

- ☐ INFLIXIMAB IVPB (REMICADE) Route: IV  
Infuse 10ml/hr x15min; then 20ml/hr x15min; then 40ml/hr x15min; then 80ml/hr x15min; then 150ml/hr x15min; then max 250ml/hr until done.  
Dose \_\_\_\_\_ Frequency \_\_\_\_\_
- ☐ INFLIXIMAB-ABDA IVPB (RENFLEXIS) Route: IV  
Infuse 10ml/hr x15min; then 20ml/hr x15min; then 40ml/hr x15min; then 80ml/hr x15min; then 150ml/hr x15min; then max 250ml/hr until done.  
Dose \_\_\_\_\_ Frequency \_\_\_\_\_
- ☐ INFLIXIMAB-DYYB IVPB (INFLECTRA) Route: IV  
Infuse 10ml/hr x15min; then 20ml/hr x15min; then 40ml/hr x15min; then 80ml/hr x15min; then 150ml/hr x15min; then max 250ml/hr until done.  
Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Provider Signature

Date

Time

Provider's Printed Name: \_\_\_\_\_

Place Patient Label Here

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**INFLIXIMAB OR BIOSIMILARS - INITIATION DOSES  
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**Nursing Orders****Interval**

- ☒ Nursing Communication Every Visit  
*Assess patients' vital signs prior to the infliximab infusion, before each rate increase, and 30 minutes following the infusion. Observe patient 30 minutes after completion of infusion.,*

**Vascular Access (single select)****Interval**

- ☐ IV Every Visit
- Insert peripheral IV
  - sodium chloride (NS) flush 10 mL  
*10 mL As Needed for Line Care*
- ☐ Central line (non-PICC) Every Visit
- Access vascular device and confirm patency
  - Initiate Central line (non-PICC) maintenance protocol
  - sodium chloride (NS) flush 10 mL  
*10 mL As Needed for Line Care prior to medication administration PRN*
  - sodium chloride (NS) flush 10 mL  
*10 mL As Needed for Line Care post medication administration PRN*
  - sodium chloride (NS) flush 20 mL  
*20 mL As Needed for Line Care post lab draw PRN*
  - sodium chloride (NS) flush 10 mL  
*10 mL for Line Care at discharge and de-access every visit*
  - heparin 100 units/mL 5 mL  
*5 mL for de-access PRN*
  - alteplase (CATHFLO) injection 2 mg  
*Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded*
- ☐ PICC line Every Visit
- Access vascular device and confirm patency
  - Initiate PICC maintenance protocol
  - Nursing Communication  
*Change PICC line dressing weekly and PRN*
  - sodium chloride (NS) flush 10 mL  
*10 mL As Needed for Line Care prior to medication administration PRN*
  - sodium chloride (NS) flush 10 mL  
*10 mL As Needed for Line Care post medication administration PRN*
  - sodium chloride (NS) flush 20 mL  
*20 mL As Needed for Line Care post lab draw PRN*
  - alteplase (CATHFLO) injection 2 mg  
*Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded*

**PRN Medications****Interval**

- ☐ sodium chloride (NS) flush 10 mL PRN Route: IV  
*10 mL As Needed for Line Care*
- ☐ sodium chloride 0.9 % bolus 500 mL PRN Route: IV  
*500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)*

Provider Signature

Date

Time

Provider's Printed Name:

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**Emergency Medications****Interval**

- |          |  |     |                      |
|----------|--|-----|----------------------|
| <b>X</b> | diphenhydrAMINE (BENADRYL) injection 25-50 mg<br><i>25-50 mg Once As Needed IV, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (<math>\geq</math> 20 points in SBP), nausea, urticaria, chills, pruritis). Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg, and contact provider.</i> | PRN | Route: IV            |
| <b>X</b> | albuterol 90 mcg/actuation inhaler 2 puff<br><i>2 puff Once As Needed Inhalation, Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.</i>   | PRN | Route: Inhalation    |
| <b>X</b> | methyIPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg<br><i>125 mg Once As Needed IV, For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (<math>\geq</math> 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.</i>  | PRN | Route: IV            |
| <b>X</b> | EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg<br><i>0.5 mg Once As Needed Intramuscular, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (<math>\geq</math> 40 points in SBP), shortness of breath with wheezing and O2Sat &lt;90%), and contact provider.</i>  | PRN | Route: Intramuscular |

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Date

Time

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