

Referral Status:	☐ New Start	☐ Order Change	☐ Renewal
Preferred Location:	☐ Atrium Health Wake Forest Baptist Infusion - Westchester Fax 336-802-2389		
Infliximab or Biosimilar Infusion Order (Revised 08.25.2026)			
All orders with a ✓ will be placed.			

Patient Demographics:

Patient Name:	Date of Birth:	MRN:
Address:		
City:	State:	Zip Code:
Allergies: (please list all allergies or attach list)		
☐ NKDA		

Diagnosis: (Complete the 2nd and/or 3rd Digits of the ICD-10)

☐ K50.0 Crohn's Disease (small intestine)	☐ K51.8 Other Ulcerative Colitis
☐ K50.1 Crohn's Disease (large intestine)	☐ L40.5 Psoriatic Arthropathy
☐ K50.8 Crohn's Disease (small and large intestine)	☐ M06. Rheumatoid Arthritis without rheumatoid factor
☐ K51.5 Left sided Ulcerative Colitis	☐ M45. Akylosing Spondylitis
☐ K51.0 Universal Ulcerative Pancolitis	☐ D86. Sarcoidosis
☐ Other:	☐ M05. Rheumatoid Arthritis with rheumatoid factor

Required Documentation: (required prior to scheduling)

Patient Demographic Sheet	If the patient is new to the ordered therapy, indicate washout from previous therapy:
Copy of Insurance Card (front and back)	
Most Recent Labs (must include labs pertinent to medication ordered)	☐ No Washout Needed
Consult Note or last 2 Office Visits with referring provider or APP	If the patient is currently on the therapy, indicate date of last infusion: Next infusion due date:
Complete Medication List - Include all tried and failed meds	
Pertinent Diagnostic Studies to Ordered Medication	If this is an order change only, indicate if the current therapy should be administered until insurance approval is received for the new request. ☐ Yes ☐ No

Treatment Parameters:

Hold Treatment and Notify Provider IF:
- Temperature is GREATER THAN 100oF;
☒ - Patient complains of symptoms of acute viral or bacterial infection;
- Patient is taking an antibiotic for current infection.
☒ Required Lab Results: Hep B Profile and PPD/Quantiferon Gold PRIOR to FIRST treatment. (Fax labs with order)
☒ Hold Treatment Notify Provider IF: Hep B Panel: POSITIVE or not on file; PPD/Quantiferon Gold: POSITIVE or not on file.

Nursing Communication:

☒ Start PIV/Access CVC and flush device per approved Atrium Health protocol.
☒ Loading Doses: Obtain vital signs PRE-treatment, AFTER first hour of treatment, PRN during treatment, and POST-treatment.
☒ Maintenance doses: Obtain vital signs PRE-treatment, PRN during treatment, and POST-treatment.
☒ Monitor patient for new onset or worsening congestive heart failure symptoms.
☒ If patient has an infusion reaction to infliximab and treatment is continued per provider order, the rate will be determined by the provider.
☒ Infuse using a 1.2 micron filter or less.
☒ Monitor patient for signs of reaction for 30mins after completion of 1st infusion and subsequent infusions PRN if previous signs of reaction observed.

Pre-Medications: (Administer all pre-medications 30mins prior to treatment)

☐ Acetaminophen (Tylenol) 650mg PO ONCE
☐ Diphenhydramine (Benadryl) 25mg PO ONCE
☐ Diphenhydramine (Benadryl) 25mg IV ONCE
☐ Loratadine (Claritin) 10mg PO ONCE
☐ Methylprednisolone sodium succinate (Solu-Medrol) 125mg IV ONCE

Infusion Therapy:

☐ Loading Dose: Infliximab or biosimilar _____ mg/kg IV over 2 hours - Weeks 0, 2 and 6, then:	
☐ Infliximab or biosimilar _____ mg/kg IV over 2 hours every 4 weeks	☐ Infliximab or biosimilar _____ mg/kg IV over 2 hours every 8 weeks
☐ Infliximab or biosimilar _____ mg/kg IV over 2 hours every 6 weeks	☐ Infliximab or biosimilar _____ mg/kg IV over 2 hours every _____ weeks
☒ Atrium Health will authorize the payer preferred infliximab product unless contraindicated (list contraindicated infliximab product in the allergy section)	

Supportive Care Medications:

☒ Acetaminophen (Tylenol) 650mg PO ONCE PRN mild pain (1-3) or moderate pain (4-6). Give first if not given as a pre-medication.
☒ Ibuprofen (Motrin) 800mg PO ONCE PRN mild pain (1-3) or moderate pain (4-6). Give second after acetaminophen.
☒ Ondansetron (Zofran) 4mg IV ONCE PRN nausea/vomiting.

Hypersensitivity Protocol:

☒ Initiate Atrium Health Wake Forest Baptist approved hypersensitivity protocol in the event of an acute adverse or anaphylactic infusion/injection reaction. The hypersensitivity protocol can be found on the Atrium Health Wake Forest Baptist Infusion - Westchester website at www.wakehealth.edu/locations/clinics/i/infusion-westchester
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Prescriber Information:

Provider Name:	Phone:	Fax:
Practice Name:	NPI:	
Address:	Office Contact:	
City, State, Zip:	Office Contact Phone Number:	

Physician Signature: (Order expires 12 months from date of signature) No Stamp Signatures Accepted

Signature:	Date:
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