Infliximab Product Order Form

Oregon Specialty Infusion
A Practice of Oregon Specialty Group

Demographics

Patient Name: _____
DOB: _____
Phone Number: _____
Allergies: _____
Height: _____in

Ordering Provider: _____
NPI: _____
Primary Care Provider: _____
Insurance Information: _____
Weight: _____lbs

Referral Status

☐ New Referral
☐ Dose or Frequency Change
☐ Order Renewal

Has the patient been treated for this condition previously?
☐ No ☐ Yes, medication(s): _____
_____

Diagnosis & Required Information

Diagnosis & ICD-10:

☐ Moderate to Severe Crohn's Disease K50. 90
☐ Moderate to Severe Ulcerative Colitis K51.9
☐ Plaque Psoriasis – L40.0
☐ Psoriatic Arthritis – L40.52
☐ Rheumatoid Arthritis – M06.9
☐ Ankylosing Spondylitis – M45.9
☐ Other: _____

Required Information:

☐ Patient Face Sheet
☐ Clinical/Progress Note
☐ Hepatitis B Test Results: HBsAG, Total HepB Core Antibody
☐ Labs/Tests supporting diagnosis
☐ TB Test Results: Please send chest x- ray results if TB is indeterminant

Medication Order

Pre-Medications:

☐ Acetaminophen (Tylenol) tablet, oral, ONCE
  ☐ 650 mg
  ☐ Other: _____

☐ Cetirizine (Zyrtec) tablet, oral, ONCE
  ☐ 10 mg

☐ Famotidine, IV
  ☐ 40 mg

☐ Methylprednisolone sodium succinate (Solu-Medrol) IV, ONCE
  ☐ _____ mg
(Choose if patient has required IV steroids for a reaction during prior TNF-alpha inhibitor infusion)

Drug:

Subject to prior authorization. OSG formulary products include: Renflexis, Remicade

☐ Infliximab or Biosimilar *(Oregon Specialty Infusion will determine product based upon patient's insurance & benefits investigation)*

— OR —

☐ Do not substitute: _____

Dose:

☐ 5 mg/kg IV
☐ Other: _____

Frequency:

☐ Induction: weekly x ____ weeks
☐ Induction: Day 1 and day 15
☐ Maintenance: Every ___ weeks ___ months
☐ Other: _____

Labs:

☐ Complete Metabolic Panel, Routine, ONCE every _____ ☐ Days ☐ Weeks ☐ Months
☐ CBC with Differential, Routine, ONCE every _____ ☐ Days ☐ Weeks ☐ Months
☐ Other: _____

Physician's Signature: _____ **Date:** _____

Provider Name: _____ **Office Phone:** _____ **Office Fax:** _____

Fax completed form to (503) 540-3105

Questions? Call us at (503) 540-9999

Updated 5/2025