

Specialty Pharmacy Checklist

Infusion Supplies (Includes All Items on Infusion Kit Checklist)

- Shipped automatically Yes No
- Shipped only upon request Yes No
- Ship limited items (specify below) Yes No
- Bill for supplies separately Yes No
- Additional instructions _____

Delivery Information

- Mode of delivery _____
- Shipping days (to avoid weekend delivery—priority overnight) Yes No
- Signature required Yes No
- Call to office or shipping location prior to shipping Yes No
- Breakage, spoilage, wastage policy and phone number Yes No
- Insulated box, bag, etc. (specify below) Yes No
- Temperature control strip Yes No
- Patient no-show policy Yes No

- How is it labeled?
REMICADE® box labeled Yes No
REMICADE® bag labeled Yes No
- Length of time temperature guaranteed (published results) Yes No
- Ship only per patient Yes No
- Ship multipatients in one shipment for same site Yes No
- Other _____

Prior Authorization Procedure

- Completed by Specialty Pharmacy Yes No
- Prior authorization done by office Yes No
- Require separate prior authorization for administration Yes No

Ordering Process/Frequency

- Lead time to shipment Yes No
- Number of infusions shipped at one time (i.e., loading dose) Yes No
- Induction (0-2-6) and maintenance dose (every 6 or 8 weeks) Yes No
- Contact for questions from physician office (healthcare professional, MD, RN, etc.) Yes No
- Insurance verification Yes No
- Other _____

Ordering Forms

- Examples Yes No
- Unique requirements Yes No
- Email capability Yes No
- Other _____

Dosing Change Policy

- Process Yes No
- Delivery time Yes No
- Contact for questions from physician office Yes No
- Require prior authorization to change dose _____ Yes No
- Other _____

Patient/Physician Communication (Follow-Up Calls, Delivery Confirmation, etc.)

- Contact information _____

- Additional instructions _____

SUPPLIES FOR ESTABLISHING INTRAVENOUS ACCESS

QUANTITY	DESCRIPTION
1	Primary infusion set with Y site close to patient*
1	IV bag of 0.9% Sodium Chloride Injection, USP
1	Safety IV catheter—22- or 24-gauge x 1" maximum length
1	Antiseptic swab
1	2" x 2" gauze
1	Adhesive strip
As Needed	Tourniquet (non-latex)
As Needed	Gloves

SUPPLIES FOR RECONSTITUTING AND ADMINISTERING REMICADE®

QUANTITY	DESCRIPTION
As Needed	Alcohol wipes
As Needed	Gloves
As Needed	10 mL Sterile Water for Injection, USP, for each vial of REMICADE® to be reconstituted
As Needed	10-mL syringes (minimum 3) and 21-gauge 1" maximum length needles (minimum 3)
1	30-mL syringe and 21-gauge 1" maximum length needle
1	250-mL IV bag of 0.9% Sodium Chloride Injection, USP
1	Infusion set with in-line, sterile, non-pyrogenic, low-protein-binding filter with a pore size of 1.2 micron or less*
1	IV bag label
As Needed	Infusion reaction medications†

* Infusion sets should meet the Needlestick Safety and Prevention Act of 2001 requiring needle safety systems.

† Infusion reaction medications include acetaminophen, antihistamines, epinephrine, and corticosteroids.



Please see Full Prescribing Information and Medication Guide available at www.remicade.com