

# BEST PRACTICES FOR INFUSION & INJECTION REFERRALS

**Provider-administered medications are complex, but ordering them for your patients doesn't need to be!**

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## IDENTIFY AN INFUSION CENTER

Use NICA's Infusion Center Locator at [locator.infusioncenter.org](http://locator.infusioncenter.org) to find a convenient and economical infusion center that aligns with your patient's schedule and lifestyle.

**Patients' out-of-pocket costs can vary significantly depending on the care setting.**

Infusion/injection services can cost 2-3x more at hospital-affiliated infusion centers compared to non-hospital infusion centers. Infusion centers can often help patients navigate financial assistance and manufacturer support programs.

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## CONTACT THE INFUSION CENTER

Contact the infusion center to learn about their referral process. Some infusion centers will provide an order set. If not, you can find a sample form here:

[www.infusioncenter.org/infusion-order-form](http://www.infusioncenter.org/infusion-order-form)

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## SEND ORDER AND SUPPORTING DOCUMENTATION

In addition to the order, it is important to provide documentation supporting medical necessity so the infusion center can submit for a prior authorization such as:

- Test results supporting the diagnosis
- Treatments that have been tried and failed
- Pre-treatment screening results

**Don't forget to include the patient's demographics, home medications and allergies, and a copy of their insurance card (front and back!).**

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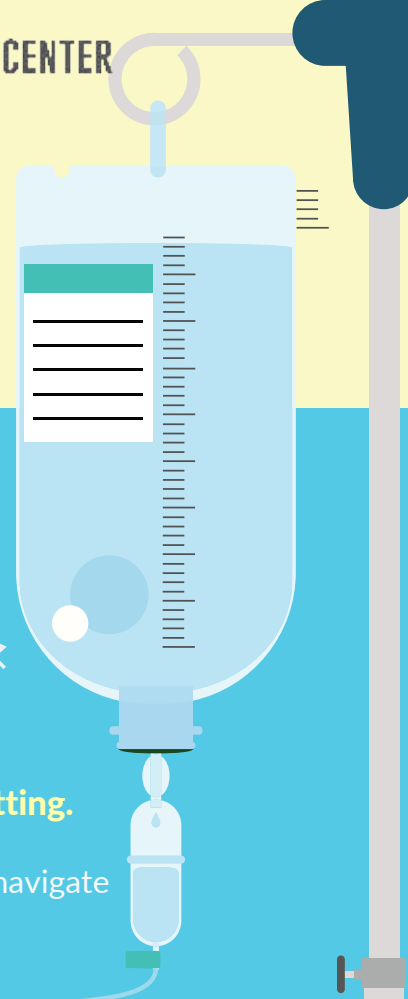
## PREPARE YOUR PATIENT

The Infusion Access Foundation (IAF) is a nonprofit association that empowers and advocates for patients who use provider-administered medications to manage their chronic, complex diseases. IAF supports patients on their disease management journey, from preparing for their treatment to paying for it. These free resources can be found at [www.patientaccess.org](http://www.patientaccess.org)



**Infusion  
Access  
Foundation**

*Together for Treatment.*



# HIGH-QUALITY ORDERS = HIGH-QUALITY CARE



## PATIENT INFO

In addition to the patient's name and date of birth, height and weight may be required to calculate or double check weight-based dosing.

## DIAGNOSIS CODES

Select a valid ICD-10 diagnosis code that is supported by the patient's medical records. To ensure a diagnosis code is billable, be as specific as possible.

## PATIENT MONITORING

Note if the patient should be screened for contraindications before treatment, and/or monitored for a period of time after treatment.

## MEDICATION ORDERS

Ensure the order includes all necessary information such as:

- Medications to be given before treatment ("pre-meds")
- Medications that may be given during treatment if needed (be sure to include the indication)
- Infusion rate titration instructions

## INFUSION/INJECTION ORDERS

PATIENT INFORMATION			
Patient Name: <i>Arthur Rightis</i>			DOB: <i>12/13/32</i>
Date of last treatment: <input checked="" type="checkbox"/> N/A (new start)	Height: <i>63</i>	<input checked="" type="checkbox"/> IN <input type="checkbox"/> CM	Weight: <i>171</i> <input checked="" type="checkbox"/> LBS <input type="checkbox"/> KG
Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F			
Diagnosis (include ICD-10 codes): <i>M75.2 -- Acute/chronic spondylitis of cervical region</i>			
Please check to indicate the following <b>required</b> documents have been attached:			
<input checked="" type="checkbox"/> Patient Demographics	<input checked="" type="checkbox"/> Records of previously tried/failed treatments		
<input checked="" type="checkbox"/> Copies of insurance card (front/back)	<input checked="" type="checkbox"/> Current medication/allergy list		
<input checked="" type="checkbox"/> Notes supporting diagnosis & medical necessity of ordered treatment (office notes, lab results, imaging reports)			
<input checked="" type="checkbox"/> Other: <i>negative screening results for TB and hepatitis B</i>			
ORDERS			
Patient Monitoring:			
<input checked="" type="checkbox"/> Hold treatment and notify provider for: <i>fever, infection, new/worsening neurological sx</i>			
<input type="checkbox"/> Monitor for _____ minutes after treatment prior to discharge			
<input type="checkbox"/> Other: <i>monitor vital signs at least every 30 minutes</i>			
Lab Orders: (include frequency) <i>CBC, CMP, ESR, CRP every 8 weeks</i>			
Pre-medications: <i>30 minutes prior to infusion, give acetaminophen 10 mg PO once &amp; aspirin 500 mg PO once</i>			
Infusion Reaction/Anaphylaxis Orders: <input checked="" type="checkbox"/> Per facility protocol			
MEDICATION (drug and dose)	INSTRUCTIONS (route, infusion rate(s), diluent type/volume)		
<i>biologics 5 mg/kg</i>	<i>Dilute in 250 ml normal saline and administer intravenously over at least 2 hours</i>		
Additional Orders: <i>May round dose up or down by 10% to nearest whole dose</i>			
Frequency: <input type="checkbox"/> Once <input checked="" type="checkbox"/> Every <i>8</i> days / weeks / months (circle one) <input type="checkbox"/> Other:			
REFERRING PROVIDER INFORMATION			
Practice Name: <i>Rheumatology Associates</i>		Phone Number: <i>555-222-3845</i>	
Office Contact: <i>Molly</i>		Fax Number for treatment notes: <i>555-342-5485</i>	
Provider Name (please print): <i>Dr. Arty Fischel</i>		Date: <i>7/16/2022</i>	
Provider Signature: <i>AF</i>		Order valid for: <input checked="" type="checkbox"/> one (1) Year <input type="checkbox"/> other: _____	

Make an effort to build a professional rapport with the appropriate staff member/department in the center who manages new referrals. Creating a relationship with the clinics you refer to most often can help both you and your patients feel comfortable during their infusion journey.