



Business of Rheumatology: Expanding Infusion Suite Services

Multi-Specialty Medications Reference Sheet

Data provided by the National Infusion Center Association (NICA)

Brand Name	J Code	Generic Name	FDA-Approved Indications	Dose	Route	Frequency	REMS Program?	Pre-medication?	Labs Required (at time of service)	Post-admin Obs Period?
Benlysta	J0490	belimumab	Systemic Lupus Erythramostus	10 mg/kg	IV	Every 2 weeks x 3 doses, then every 4 weeks		No	No	Yes- "an appropriate amount of time"
Cimzia	J0717	certolizumab	Crohn's Disease	400 mg	Subcutaneous inj.	Every 2 weeks x2, then every 4 weeks		No	Yes, prior to start of therapy and periodically	No
			Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis	400 mg	Subcutaneous inj.	Weeks 0, 2, and 4, then:				
			200 mg	Subcutaneous inj.	Every other week					
		Plaque Psoriasis	400 mg	Subcutaneous inj.	Every other week					
Entyvio	J3380	vedolizumab	Ulcerative Colitis	300 mg	IV	Weeks 0, 2, 6, then every 8 weeks		No	No	No
			Crohn's Disease							
Fasenra	J0517	benralizumab	Asthma	30 mg	Subcutaneous Inj	Every 4 weeks x3, then every 8 weeks		No	Yes, prior to start of therapy	No
Feraheme	Q0138	ferumoxylol	Iron Deficiency Anemia	510 mg	IV	x 2 doses (3 to 8 days apart)		No	Yes, prior to start of therapy	Yes- 30 minutes
			CKD							
Ilumya	J3245	tildrakizumab-asmn	Psoriasis vulgaris	100 mg	Subcutaneous Inj.	Weeks 0, 4, then every 12 weeks		No	Yes, prior to start of therapy and periodically	No
Inflixtra	Q5103	infliximab-dyyb	Rheumatoid Arthritis	3 mg/kg	IV	Weeks 0, 2, 6 and then every 8 weeks		Yes	Yes, prior to start of therapy and periodically	No
			Plaque Psoriasis, Psoriatic Arthritis, Ankylosing Spondylitis, Crohn's Disease and Ulcerative Colitis	5 mg/kg	IV	Weeks 0, 4, 6, then every 6 weeks				
Injectafer	J1439	ferric carboxmaltose	Iron Deficiency Anemia	15 mg/kg (Max of 1,000 mg) x 1 dose	IV	x1 dose, OR:		No	Yes, prior to start of therapy	Yes- 30 minutes
			CKD: Stage _____	750 mg	IV	x2 doses at least 7 days apart				
Krystexxa	J2507	pegloticase	Chronic Gout	8 mg	IV	Every 2 weeks		Yes	Yes- prior to each treatment	Yes- "an appropriate amount of time"
Ocrevus	J2530	ocrelizumab	MS (Relapsing forms of MS & Primary Progressive MS)	Initial Treatment:	300 mg	IV	Week 0 and 2, then:	Yes- 30-60 minutes prior to infusion	Yes, prior to start of therapy and periodically	Yes- 1hour
				Maintenance Treatment:	600 mg	IV	every 6 months			
Remicade	J1745	infliximab	Rheumatoid Arthritis	3 mg/kg	IV	Weeks 0, 2, 6 and then every 8 weeks		Yes	Yes, prior to start of therapy and periodically	No
			Plaque Psoriasis, Psoriatic Arthritis, Ankylosing Spondylitis, Crohn's Disease and Ulcerative Colitis	5 mg/kg	IV	Weeks 0, 4, 6, then every 6 weeks				
Renflexis	Q5104	infliximab-abda	Rheumatoid Arthritis	3 mg/kg	IV	Weeks 0, 2, 6 and then every 8 weeks		Yes	Yes, prior to start of therapy and periodically	No
			Plaque Psoriasis, Psoriatic Arthritis, Ankylosing Spondylitis, Crohn's Disease and Ulcerative Colitis	5 mg/kg	IV	Weeks 0, 4, 6, then every 6 weeks				
Rituxan	J9312	rituximab	Rheumatoid Arthritis	1,000 mg	IV	Day 0 and 14, Repeat in 6 months		Yes- 30 minutes before infusion	Yes, prior to start of therapy and periodically	No
			Granulomatosis with Polyangiitis & Microscopic Polyangiitis	375 mg/m2		Day 0, 7, 14, and 21 x1 course, then 24 weeks after induction:				
				500 mg	IV	2 doses separated by 2 week, then 1 dose every 6 months thereafter				
			Pemphigus Vulgaris	1,000mg	IV	Day 0 and 14, then: at month 12 and then every 6 months				
				500 mg	IV					

Brand Name	J Code	Generic Name	FDA-Approved Indications	Dose	Route	Frequency	REMS Program?	Pre-medication?	Labs Required (at time of service)	Post-admin Obs Period?
Saphnelo	J0491	anifrolumab-fnia	Systemic Lupus Erythematosus	300 mg	IV	Every 4 weeks		No	Yes, prior to start of therapy and periodically	No
Soliris	J1300	eculizumab	acute exacerbation)	Initial: 900 mg	IV	Weekly x 4, then:	YES	No	Yes, prior to start of therapy and periodically	Yes- 1 hour
			Neuromyelitis Optica Spectrum Disorder	1200 mg	IV	thereafter				
				Initial: 900 mg	IV	Weekly x 4, then:				
				1200 mg		weekly x1, then every 2 weeks thereafter				
Stelara	J3358; J3357	ustekinumab	Psoriatic Arthritis	45 mg or 90 mg	Subcutaneous Inj.	Week 0, 4, then every 12 weeks		No	Yes, prior to start of therapy and periodically	No
			Psoriasis	45 mg or 90 mg	Subcutaneous Inj.	Week 0, 4, then every 12 weeks				
			Crohn's Disease	Weight-based (see PI)	IV	x1 dose, then:				
				90 mg	SC	every 8 weeks				
			Ulcerative Colitis	Weight-based (see PI)	IV	x1 dose, then:				
			90 mg	SC	every 8 weeks					
Tepezza	J3241	teprotumumab-trbw	Thyroid Eye Disease	Initial: 10 mg/kg	IV	x1 dose, then:		No	Yes, prior to each treatment	No
				20 mg/kg	IV	every 3 weeks x7 doses				
Truxima	Q5115	rituximab-abbs	Rheumatoid Arthritis	1,000 mg	IV	Day 0 and 14, Repeat in 6 months		Yes- 30 minutes before infusion	Yes, prior to start of therapy and periodically	No
			Granulomatosis with Polyangiitis & Microscopic Polyangiitis	375 mg/m2		Day 0, 7, 14, and 21 x1 course, then 24 weeks after induction:				
				500 mg	IV	2 doses separated by 2 week, then 1 dose every 6 months thereafter				
Tysabri	J2323	natalizumab	MS	300 mg	IV	Every 4 weeks	YES	No	Yes, prior to start of therapy and periodically	Yes- 1 hour for first 12 infusions, then use clinical
			Crohn's Disease	300 mg	IV	Every 4 weeks				
Uplizna	J1823	inebilizumab-cdon	Neuromyelitis Optica Spectrum Disorder	300 mg	IV	Initial: Weeks 0 and 2, then every 6 months (starting 6 months from first infusion)		Yes	Yes, prior to start of therapy and periodically	Yes- 1 hour
						Subsequent: Every 6 months				
Venofer	J1756	iron sucrose	Iron Deficiency Anemia	100 mg	IV	consecutive days. # of doses will vary (not to exceed total of 1,000mg per course)		No	Yes, prior to start of therapy	Yes- 30 minutes
			CKD: Stage _____	200 mg	IV					
			Other underlying disease: _____	300 mg	IV					
Vyepti	J3032	eptinezumab-jjmr	Migraine	100 mg	IV	Every 3 months		No	No	No
				300 mg	IV	Every 3 months				
Vyvgart	J9332	efgartigimod alfa-fcab	exacerbation)	120 kg: 10 mg/kg	IV	Every 4 weeks		No	Yes, prior to start of therapy	Yes- 1 hour
				Pt weight 120 kg or more: 1200 mg	IV	Every 4 weeks				
Xolair	J2357	omalizumab	Asthma	based on serum	Subcutaneous Inj	Every 2 or 4 weeks		No	Yes, prior to start of therapy	Yes- "an appropriate amount of time"
			Chronic Spontaneous Urticaria	150 mg to 300 mg	Subcutaneous Inj	Every 4 weeks				
			Chronic Rhinosinusitis with Nasal Polyps	based on serum	Subcutaneous Inj	Every 2 or 4 weeks				
Gammagard 10% (Liq)				Varies based on indication, initiation of treatment and maintenance	IV	Varies		No	Yes, prior to start of therapy and periodically	No
		IVIG	Primary Humoral Immunodeficiency	Varies	IV	Varies				
Octagam (10%) or Octagam (5%)				Varies	IV	Varies		No	Yes, prior to start of therapy and periodically	No
		IVIG	Chronic Immune Thrombocytopenic Purpura	Varies	IV	Varies				
		IVIG	Dermatomyositis	Varies	IV	Varies				
				Varies	IV and SC	Varies				
Ultomiris	J1303	ravulizumab-cwvz	Myasthenia Gravis (without acute exacerbation)	and varies; see PI	IV and SC	See PI		No	Yes, prior to start of therapy	Yes- 1 hour
			Myasthenia Gravis with acute exacerbation			Every 8 weeks				
			Paroxysmal Nocturnal Hemoglobinuria (PNH)							
			Atypical Hemolytic Uremic Syndrome (aHUS)							
Skyrizi	J2327	risankizumab-rzaa	Crohn's disease	Induction: 600 mg	IV	Week 0, 4, 8, then:		No	Yes, prior to start of therapy and periodically	No
				Maintenance: 180mg	Subcutaneous Inj.	Every 8 weeks thereafter				
			Plaque Psoriasis	150 mg	Subcutaneous Inj.	weeks thereafter				
			Psoriatic Arthritis	150 mg	Subcutaneous Inj.	weeks thereafter				