

### **Antimicrobials**

IV Infusions & IM Injections

### **Iron Infusions**

IV Infusions

### **Monoclonal Antibodies**

IV Infusions & SQ Injections

### **Bone Modifying Agents**

IV Infusions & SQ Injections

### **Blood Transfusions**

### **Therapeutic Phlebotomy**

### **Pre- and Post-CT Hydration**

### **Albumin Infusions**

### **Line/Port Care Services**

### **IV Hydration and Banana Bags**

### **Many More Services Available**

### **All infusion services:**

Require insurance authorization prior to scheduling and administration of the medication(s).

Only medications approved by the INTEGRIS Health Formulary Integration Committee will be accepted and administered to patients by the INTEGRIS Health Grove Hospital Ambulatory Infusion Center.



# Ambulatory Infusion Center

INTEGRIS Health Grove Ambulatory Infusion Center has proudly served the Grove area for over a decade.

To obtain a copy of the current INTEGRIS Health FIC-approved medications list for AIC, please contact the **pharmacy at 918-787-3660.**



**Grove Hospital**



**Grove Hospital**

P: 918-787-3016 • F: 918-787-3877

## Antimicrobials

IV Infusions and IM\* Injections

### Available Antibiotics

Ampicillin\*, Ampicillin/Sulbactam\*, Aztreonam, Azithromycin, Cefazolin\*, Cefepime, Cefoxitin, Ceftriaxone\*, Daptomycin, Doxycycline, Ertapenem, Gentamicin, Linezolid, Meropenem, Oritavancin, Penicillin G, Penicillin G Benzathine\*, Piperacillin/Tazobactam and Vancomycin

*\*Others may be available upon approval.*

### Available Antifungals

Fluconazole, Micafungin

*\*Others may be available upon approval.*

## Bone-Modifying Agents

IV Infusions and SQ Injections

### Available SQ Injections

Prolia (Denosumab), Xgeva (Denosumab), Evenity (Romosozumab)

### Available IV Infusions

Boniva (Ibandronate)

*\*Others may be available upon approval.*

## Iron Infusions

Iron Infusions

### Preferred for CKD

Feraheme (Ferumoxytol)+  
Injectafer (Ferric Carboxymaltose)  
Venofer (Iron Sucrose)  
*+Formulary preferred product*

### Preferred for Pregnancy

Venofer (Iron Sucrose)

### FDA-Approved for Iron Deficiency in Whom Oral is Unsatisfactory or Impossible

Feraheme (Ferumoxytol)+  
INFeD (Iron Dextran)  
Injectafer (Ferric Carboxymaltose)  
*+Formulary preferred product.*

### Dosing considerations

Injectafer – 2 doses separated by  $\geq 7$  days  
OR 1 dose of 15 mg/kg (max 1 g)

Feraheme – 2 doses of 510 mg separated by  $\geq 3$  days  
OR 1 dose of 1.02 g

INFeD – Requires a test dose of 25 mg followed by a 1 hour observation to ensure the patient does not have an anaphylactic reaction.

## Monoclonals

IV Infusions & SQ Injections

### Available SQ Monoclonals

Cimzia (Certolizumab)  
Fasenra (benralizumab)  
Ilumya (tildrakizumab-asmn)  
Simponi (Golimumab)  
*•Others may be available upon approval*

### Available IV Monoclonals

Actemra (tocilizumab)  
Benlysta (Belimumab)  
Entyvio (Vedolizumab)  
Remicade (InFLIXimab)  
Simponi (Golimumab)  
Tepezza (teprotumumab-trbw)  
Vyvgart (efgartigimod alfa-fcab)  
Xolair (Omalizumab)  
*•Others may be available upon approval.*

### Hypercholesterolemia

Leqvio (inclisiran)

### Hematology

Colony Stimulating Factors: multiple agents available

### Immunoglobulins

Privigen  
Gamunex- C