

## Antimicrobials

IV Infusions & IM Injections

## Iron Infusions

IV Infusions

## Veklury (Remdesivir)

IV Infusions

## Monoclonal Antibodies

IV Infusions & SQ Injections

## Bone Modifying Agents

IV Infusions & SQ Injections

## Rhogam Injections

## Blood Transfusions

## Therapeutic Phlebotomy

## Thoracentesis and Paracentesis

## 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 Miami Hospital Ambulatory Infusion Center.



# AMBULATORY INFUSION CENTER

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

## INFUSION SERVICES



Miami Hospital

P: 918-540-7216 • F: 918-540-7266

To obtain a copy of the current INTEGRIS Health FIC-approved medications list for AIC, please contact the **pharmacy at 918-540-7622.**



## 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

INFeD (Iron Dextran)\*  
Venofer (Iron Sucrose)  
*\*Iron Dextran requires a test dose due to the risk for an anaphylactic reaction*

### 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.

## Veklury and Monoclonals

IV Infusions & SQ Injections

### Veklury (Remdesivir)

IV Infusion for the treatment of COVID

Dosing: 200mg IV day 1, then 100mg day 2-3

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### Available SQ Monoclonals

Cimzia (Certolizumab)  
Simponi (Golimumab)

•Others may be available upon approval

### Available IV Monoclonals

Benlysta (Belimumab)  
Entyvio (Vedolizumab)  
Remicade (InFLIXimab)  
Simponi (Golimumab)  
Xolair (Omalizumab)

•Others may be available upon approval.