



Avsola® (infliximab-axxq)

INFUSION THERAPY CENTERS

New Referral  Restart  Medication Order Change

PATIENT INFORMATION

Name \_\_\_\_\_
Date \_\_\_\_\_
DOB \_\_\_\_\_
SS# \_\_\_\_\_
Phone # \_\_\_\_\_
Email \_\_\_\_\_

PHYSICIAN INFORMATION

Referring Physician \_\_\_\_\_
Practice Address \_\_\_\_\_
Office Contact Name \_\_\_\_\_
Contact Phone # \_\_\_\_\_ Fax # \_\_\_\_\_
NPI / TIN \_\_\_\_\_

MEDICATION ORDERS

Patient Weight: \_\_\_\_\_ kg  Initial/Reload Dosing: \_\_\_\_\_ mg/kg IV on day 0, 2 weeks, 6 weeks, then every \_\_\_\_ 6 or 8 weeks.
 Maintenance Dosing: \_\_\_\_\_ mg/kg IV every \_\_\_\_ 6 or 8 weeks.

Premeds:  Benadryl  APAP  Famotidine (IV)  Hydrocortisone
 5 mg/kg  3 mg/kg  Other: \_\_\_\_\_

Indication / Diagnosis: \_\_\_\_\_ ICD-10 (Required)
 K50.90 Crohn's disease, unspecified, without complications
 K51.90 Ulcerative colitis, unspecified, without complications
 M05.79 Rheumatoid arthritis with rheumatoid factor without organ or systems involvement
 M06.09 Rheumatoid arthritis without rheumatoid factor, multiple sites
 M06.9 Rheumatoid arthritis, unspecified
 Other (please specify in additional information)

MD Signature \_\_\_\_\_ Date \_\_\_\_\_ Additional Information: \_\_\_\_\_

REQUIRED DOCUMENTATION

Please send the following documents and records. This will help streamline the pre-authorization process.

- Patient demographic information sheet
• Copy of insurance card(s) front and back
• Copy of most recent office and consult notes (must include discussion of prescribed drug)
• If this is a continuation of a treatment, include the last infusion note
• Current medication list

Most recent diagnostics results to include:

- Chest Xray
• CBC with differential
• TB test (within 12 months)
• Comprehensive metabolic panel
• COCCI
• Hepatitis B-Core Ab, B SAg, B SAb
• Hepatitis C-Ab

We will contact the patient and schedule their infusion appointment once we have the insurance pre-authorization completed.

AZIVinfusion.com | CALL CENTER: 602.386.4968 | FAX: 623.594.8533

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399 S. Malpais Lane, Suite 108
Flagstaff, AZ 86001

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9520 West Palm Lane, Ste. 220
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36359 N. Gantzel Rd, Suite 103
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2001 W. Orange Grove Road, Suite 104
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3645 South Rome Street, Suite 201
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