



Ruxience® (rituximab-pvvr)

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: \_\_\_\_\_ 1000mg IV on day 0, day 14, then repeat the course every \_\_\_\_\_ weeks.
 Other Dosing: \_\_\_\_\_ mg/m² IV every week for 4 weeks.

Premeds:  diphenhydramine  APAP  IV methylprednisolone 100mg  IV methylprednisolone 1000mg

Indication / Diagnosis:

- M05.79 Rheumatoid arthritis with rheumatoid factor without organ or systems involvement
 M06.9 Rheumatoid arthritis, unspecified
 G36.0 Neuromyelitis Optica
 Other (please specify in additional information)

Additional Information:

ICD-10 (Required) \_\_\_\_\_

MD Signature \_\_\_\_\_ Date \_\_\_\_\_

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)
• Hepatitis B-Core Ab, B SAg, B SAB
• Comprehensive metabolic panel
• COCCI
• 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
Phoenix, AZ 85037-4442

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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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