

### INFLIXIMAB ORDER FORM

#### REFERRAL TYPE

New Referral     
  Order Renewal     
  Restart     
  Frequency Change     
  Dosage Change

#### PREFERRED LOCATION

<input type="checkbox"/> 2730 University Blvd. West   Suite 714 Wheaton, MD 20902	<input type="checkbox"/> 14995 Shady Grove Road   Suite 250 Rockville, MD 20850	<input type="checkbox"/> 5454 Wisconsin Avenue   Suite 600 Chevy Chase, MD 20815
<input type="checkbox"/> 18111 Prince Philip Drive   Suite 323 Olney, MD 20832	<input type="checkbox"/> 161 Thomas Johnson Drive   Suite 250 Frederick, MD 21702	<input type="checkbox"/> 2021 K Street, NW   Suite 300 Washington, DC 20006
	<input type="checkbox"/> 8270 Willow Oaks Corporate Drive   Suite 150 Fairfax, VA 22031	

#### PATIENT INFORMATION

Name:	DOB:	Email:	
Address:	Weight:	KG	LBS
			Phone:

#### REFERRING PHYSICIAN INFORMATION

Name:	NPI:
Office Contact Name:	Phone:
	Fax:
Address:	

#### INFLIXIMAB ORDER

**OFF-LABEL diagnosis, dose and frequency are subject to medical review and approval.**

Dosing/Frequency: Preferred Product:  Avsola  Inflectra  Remicade  Renflexis

Maintenance Dose: \_\_\_\_\_ mg/kg IV every \_\_\_\_\_ weeks

#### Diagnosis:

- |  |  |
|--|--|
| <input type="checkbox"/> K50.10—Crohn's disease of large intestine w/o complications   | <input type="checkbox"/> L40.51—Distal interphalangeal psoriatic arthropathy |
| <input type="checkbox"/> K50.90—Crohn's disease, unspecified, w/o complications  | <input type="checkbox"/> L40.59—Other psoriatic arthropathy                  |
| <input type="checkbox"/> K51.00—Other ulcerative colitis w/o complications   |  |
| <input type="checkbox"/> K51.90—Ulcerative colitis, unspecified, w/o complications   |  |
| <input type="checkbox"/> M05.69—Rheumatoid arthritis of multiple sites with involvement of other organs and systems            |  |
| <input type="checkbox"/> M05.79—Rheumatoid arthritis with rheumatoid factor of multiple sites w/o organ or systems involvement |  |
| <input type="checkbox"/> M05.89—Other rheumatoid arthritis with rheumatoid factor of multiple sites                            |  |
| <input type="checkbox"/> M06.09—Rheumatoid arthritis w/o rheumatoid factor, multiple sites                                     |  |
| <input type="checkbox"/> M06.89—Other specified rheumatoid arthritis, multiple sites   |  |

Other Diagnosis: ICD-10 Code (Required):

Special Instructions:

Physicians Signature: Date: *(Order is Valid for One Year)*

#### REQUIRED DOCUMENTATION

##### Please fax the following documents and records:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>● Patient Demographics</li> <li>● Two most recent office notes (Supporting the DX and treatment ordered)</li> <li>● Most recent labs that include values for:               <ul style="list-style-type: none"> <li>● CMP, CBC, HBV Surface Antigen</li> <li>● TB Screening (PPD, QFT Gold or Tspot) or recent chest x-ray</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>● Copy of the patient's insurance card(s) – front and back</li> <li>● Medication History</li> <li>● For continuation of treatment, include the last infusion note</li> </ul> |
|---|---|

***We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.***