

Patient Information

Patient Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 DOB: ____/____/____ Male Female
 Phone: _____ **Mobile:** _____
 SSN: _____ Ht: _____ Wt: _____
 Emergency Contact: _____
 Relationship: _____

RA Specialist Information

Name: _____
 Phone: _____
 Email: _____

Prescribing Physician

Name: _____
 Address: (please include practice name)

 Phone: _____ Fax: _____

Specialty: _____
 License#: _____ UPIN#: _____

DEA: _____ NPI: _____

By signing below, Physician certifies that the above therapy is medically necessary. Physician agrees to cooperate with Axiva Infusion Services to provide all necessary documentation for submission to patient's third-party payor. Prescriber's signature (sign below)

(Physician attests this is his/her legal signature. NO STAMPS)
 Signature: _____ Date: _____

Insurance Information (Attach copy of cards, if available)

Primary Insurance: _____
 Member #: _____ Group #: _____
 Policy Holder: _____ Relation: _____
 Rx Drug Card: _____
Secondary Insurance: _____
 Member #: _____ Group #: _____
 Policy Holder: _____ Relation: _____

Diagnosis

Medication	Indication	Rec. Dosage
Actemra	Cytokine Release Syndrome	Dosing: weight based (<30 kg: 12 mg/kg) OR (≥30 kg: 8 mg/kg) If clinical improvement does not occur after the first dose, up to 3 additional doses may be administered (with at least an 8 hour interval between consecutive doses). IV: Maximum dose: 800 mg per dose.
Actemra	Giant Cell Arteritis	SubQ: 162 mg once every week;
Actemra	Rheumatoid Arthritis	IV: Initial: 4 mg/kg once every 4 weeks; may be increased to 8 mg/kg once every 4 weeks based on clinical response (maximum dose: 800 mg).**weight based**
Actemra	Other	
Cimzia	<input type="checkbox"/> Ankylosing Spondylitis <input type="checkbox"/> Axial Spondyloarthritis, nonradiographic	SubQ: Initial: 400 mg, repeat dose 2 and 4 weeks after initial dose; Maintenance: 200 mg every 2 weeks or 400 mg every 4 weeks.
Cimzia	<input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Plaque Psoriasis	SubQ: Initial: 400 mg, repeat dose 2 and 4 weeks after initial dose; Maintenance: 400 mg every 4 weeks.
Cimzia	Psoriatic Arthritis	SubQ: 400 mg every other week.*weight based* for pt ≤90 kg.
Cimzia	Rheumatoid Arthritis	SubQ: Initial: 400 mg, repeat dose 2 and 4 weeks after initial dose; Maintenance: 200 mg every other week. May consider maintenance dose of 400 mg every 4 weeks.
Cimzia	Other	
Cosentyx	Ankylosing Spondylitis	SubQ: With a loading dose: 150 mg at weeks 0, 1, 2, 3, and 4 followed by 150 mg every 4 weeks.
Cosentyx	Plaque Psoriasis	SubQ: 300 mg once weekly at weeks 0, 1, 2, 3, and 4 followed by 300 mg every 4 weeks. Some patients may only require 150 mg per dose.
Cosentyx	Psoriatic Arthritis	SubQ: With a loading dose: 150 mg at weeks 0, 1, 2, 3, and 4 followed by 150 mg every 4 weeks
Cosentyx	Other	
Enbrel	<input type="checkbox"/> Ankylosing Spondylitis <input type="checkbox"/> Psoriatic Arthritis <input type="checkbox"/> Rheumatoid Arthritis	Once-weekly dosing: Inject 50 mg SC once weekly; maximum dose (rheumatoid arthritis): 50 mg/week.
Enbrel	Plaque Psoriasis	SubQ: Initial: 50 mg twice weekly for 3 months (starting doses of 25 or 50 mg once weekly have also been used successfully) Maintenance dose: 50 mg once weekly
Enbrel	Polyarticular Juvenile Idiopathic Arthritis	
Enbrel	Other	
Forteo	<input type="checkbox"/> Glucocorticoid-induced Osteoporosis <input type="checkbox"/> Osteoporosis in Men <input type="checkbox"/> Osteoporosis in Postmenopausal Women	Dosing: Inject 20mcg SC once a day for up to 2 years as tolerated
Forteo	Other	
Humira	<input type="checkbox"/> Ankylosing Spondylitis <input type="checkbox"/> Psoriatic Arthritis <input type="checkbox"/> Rheumatoid Arthritis	SubQ: 40 mg every other week.
Humira	<input type="checkbox"/> Chron's Disease <input type="checkbox"/> Hidradenitis Suppurativa <input type="checkbox"/> Ulcerative Colitis	Loading dose: Inject 160mcg SC on day 0, then 80mcg on day 15, then on day 29, Inject 40mg SC q 2 weeks. Maintenance dose: Inject 40mcg SC q 2 weeks

Diagnosis		
Medication	Indication	Rec. Dosage
Humira	<input type="checkbox"/> Plaque Psoriasis <input type="checkbox"/> Uveitis	Inject 80mg as a single dose, then 40 mg every other week beginning 1 week after initial dose.
Humira	Other	
Inflixtra (Infliximab)	Rheumatoid Arthritis (in combination with methotrexate therapy)	IV 3 mg/kg at 0, 2, and 6 weeks, followed by 3 mg/kg every 8 weeks 20 mcg daily for up to 2 years
Inflixtra (Infliximab)	Ankylosing Spondylitis	IV: 5 mg/kg at 0, 2, and 6 weeks, followed by 5 mg/kg every 6 weeks
Inflixtra (Infliximab)	<input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Plaque Psoriasis <input type="checkbox"/> Psoriatic Arthritis (with or without methotrexate) <input type="checkbox"/> Ulcerative Colitis	IV: 5 mg/kg at 0, 2, and 6 weeks, followed by 5 mg/kg every 8 weeks
Inflixtra (Infliximab)	Other	
Kevzara	Rheumatoid Arthritis	SubQ: 200 mg once every 2 weeks.
Kevzara	Other	
Orencia	<input type="checkbox"/> Psoriatic Arthritis <input type="checkbox"/> Rheumatoid arthritis	<60 kg: 500 mg, 60 to 100 kg: 750 mg, >100 kg: 1,000 mg, SubQ: 125 mg once weekly.
Orencia	Juvenile Idiopathic Arthritis	
Orencia	Other	
Otezla	<input type="checkbox"/> Active Psoriatic Arthritis <input type="checkbox"/> Plaque Psoriasis (moderate to severe)	Oral: Initial: 10 mg in the morning. Titrate upward by additional 10 mg per day on days 2 to 5 as follows: Day 2: 10 mg twice daily; Day 3: 10 mg in the morning and 20 mg in the evening; Day 4: 20 mg twice daily; Day 5: 20 mg in the morning and 30 mg in the evening. Maintenance dose: 30 mg twice daily starting on day 6
Otezla	Other	
Prolia	Osteoporosis/Bone Loss	SubQ: 60 mg as a single dose, once every 6 months
Prolia	Other	
Remicade (infliximab)	Rheumatoid Arthritis (in combination with methotrexate therapy)	IV 3 mg/kg at 0, 2, and 6 weeks, followed by 3 mg/kg every 8 weeks
Remicade (infliximab)	Ankylosing spondylitis	IV: 5 mg/kg at 0, 2, and 6 weeks, followed by 5 mg/kg every 6 weeks
Remicade (infliximab)	<input type="checkbox"/> Crohn's disease <input type="checkbox"/> Plaque psoriasis <input type="checkbox"/> Psoriatic arthritis (with or without methotrexate) <input type="checkbox"/> Ulcerative colitis	IV: 5 mg/kg at 0, 2, and 6 weeks, followed by 5 mg/kg every 8 weeks
Remicade (infliximab)	Other	
Renflexis (infliximab)	<input type="checkbox"/> Ankylosing Spondylitis <input type="checkbox"/> Plaque Psoriasis <input type="checkbox"/> Psoriatic Arthritis (with or without methotrexate) <input type="checkbox"/> Rheumatoid Arthritis (in combination with methotrexate therapy) <input type="checkbox"/> Ulcerative colitis <input type="checkbox"/> Crohn's Disease	IV: 5 mg/kg at 0, 2, and 6 weeks, followed by 5 mg/kg every 6 weeks thereafter.
Renflexis (infliximab)	Other	
Simponi	<input type="checkbox"/> Ankylosing Spondylitis <input type="checkbox"/> Psoriatic Arthritis <input type="checkbox"/> Rheumatoid Arthritis	IV: 2 mg/kg at weeks 0, 4, and then every 8 weeks thereafter , SubQ: 50 mg once a month
Simponi	Ulcerative Colitis	SubQ: Induction: 200 mg at week 0, then 100 mg at week 2, followed by maintenance therapy of 100 mg every 4 weeks;
Simponi	Other	
Stelara	Chron's Disease	Induction: IV: ≤55 kg: 260 mg as single dose; >55 kg to 85 kg: 390 mg as single dose; >85 kg: 520 mg as single dose; Maintenance: SubQ: 90 mg every 8 weeks; begin maintenance dosing 8 weeks after the IV induction dose.
Stelara	Plaque Psoriasis	SubQ: ≤100 kg: 45 mg at 0 and 4 weeks, and then every 12 weeks thereafter, >100 kg: 90 mg at 0 and 4 weeks, and then every 12 weeks thereafter
Stelara	Psoriatic Arthritis	SubQ: 45 mg at 0 and 4 weeks, and then every 12 weeks thereafter.
Stelara	Other	
Tymlos	Osteoporosis in postmenopausal women	SubQ: 80 mcg once daily
Tymlos	Other	
Xeljanz	<input type="checkbox"/> Psoriatic Arthritis <input type="checkbox"/> Rheumatoid Arthritis	IR 5mg twice a day, XR 11mg daily
Xeljanz	Ulcerative Colitis	Oral: Immediate release: 10 mg twice daily for ≥8 weeks followed by 5 or 10 mg twice daily
Xeljanz	Other	
Xeljanz XR	<input type="checkbox"/> Psoriatic Arthritis <input type="checkbox"/> Rheumatoid Arthritis	IR 5mg twice a day, XR 11mg daily
Xeljanz XR	Ulcerative Colitis	Oral: Immediate release: 10 mg twice daily for ≥8 weeks followed by 5 or 10 mg twice daily
Xeljanz XR	Other	