

MRN: _____

DOB: _____

Phone: 1-888-410-0317 Fax: 1-866-990-3192

Guidelines for Prescribing Avsola™ (infliximab-axxq) for Rheumatology
(Required documentation with all initial referrals)

Patient Name: _____

Referral Date: _____

Include signed and completed **Plan of Treatment**.

Include patient demographic information and insurance information. (Copy of insurance cards if available)

Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any lab results and/or tests to support diagnosis.

- Avsola™ is indicated for **Rheumatoid Arthritis**, in combination with methotrexate for moderately to severely active RA. Dose in conjunction with methotrexate, 3 mg/kg induction & then every 8 weeks. Some patients may benefit from increasing the dose up to 10 mg/kg or treating as often as every 4 weeks.
- Indicated for **Ankylosing Spondylitis**: Dose of 5 mg/kg induction & then every 6 weeks.
- Indicated for **Psoriatic Arthritis**: Dose of Psoriatic Arthritis & Plaque Psoriasis of 5 mg/kg induction & then every 8 weeks.

If patient is switching biological therapies, then MD must specify wash-out period prior to starting Avsola™ as specified of _____ weeks. Last known biological therapy: _____ and last date received: _____. (Include copy of last Avsola™ infusion record if available and currently on therapy)

Other as requested: _____

Pre-Screening:

Required TB screening results: PPD or QuantiFERON Gold Test.

(* If screening results are positive or indeterminate, then a negative CXR result is required.)

Required Hepatitis screening to include: Hepatitis B Surface Antigen results.

**Product information suggests that patients who have stopped treatment for an extended period are at higher risk for hypersensitivity reactions. MD should evaluate premedication and consider antibody testing prior to restart of therapy.*

** Warnings/Precautions: **Serious Infections**: Patient should not have an active ongoing infection, signs or symptoms of malignancy, or invasive fungal infection. Do not initiate Avsola™ (infliximab-axxq) therapy in patients with **moderate to severe Congestive Heart Failure**. **Avsola™ (infliximab-axxq) at doses of >5 mg/kg should not be administered to patients with moderate to severe heart failure.** Patient with mild CHF currently receiving Avsola™ (infliximab-axxq) should be closely monitored. Therapy should be discontinued in patients who develop new or worsening symptoms of heart failure. Evaluation of immunizations should be completed prior to and live vaccines should not be given before or concurrently with Avsola™. See full prescribing information.



Checklist for referrals to AccuRX Infusion Center:

Fax referral to 1-866-990-3192

- Patient demographics – address, phone number, SS#, etc.
- Insurance Information – copy of the card(s) if possible
- Plan of Treatment/Orders
- Most recent physician office notes to include tried and failed therapies – all insurance companies that require a pre-authorization require the note. This includes Medicare/Medicaid HMOs
- Any lab results or other diagnostic procedures to support the diagnosis

AccuRx Infusion Center will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.