



### Avsola (Infliximab-axxq) Infusion Order Form

**Patient Information**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

Allergies: \_\_\_\_\_

New Treatment     Continuing Treatment    Last Treatment Date: \_\_\_\_\_    Next Due Date: \_\_\_\_\_

**Diagnosis and ICD 10 Code (Required)**

- |   |   |
|---|---|
| <input type="checkbox"/> Moderate to Severe Ulcerative Colitis    ICD 10 Code: K51.90 | <input type="checkbox"/> Ankylosing Spondylitis    ICD 10 Code: M45.9 |
| <input type="checkbox"/> Moderate to Severe Crohn's Disease    ICD 10 Code: K50.90    | <input type="checkbox"/> Psoriatic Arthritis    ICD 10 Code: L40.52   |
| <input type="checkbox"/> Rheumatoid Arthritis    ICD 10 Code: M06.9                   | <input type="checkbox"/> Plaque Psoriasis    ICD 10 Code: L40.0       |
| <input type="checkbox"/> Other: _____ ICD 10 Code: _____                              |   |

**Required Tests (within 12 months & attach results)**

TB/Quantiferon Status & Date: \_\_\_\_\_

Hepatitis B Status & Date: \_\_\_\_\_

**Required Labs (within 3 months & attach results)**

CBC    Results \_\_\_\_\_

CMP    Results \_\_\_\_\_

CRP    Results \_\_\_\_\_

Other: \_\_\_\_\_

**Pre-Medication Orders**

Acetaminophen (Tylenol)     500mg     650mg     1000mg     PO

Diphenhydramine (Benadryl)     25mg     50mg     PO     IV

Methylprednisolone (Solu-Medrol)     125mg     IV

Ondansetron (Zofran)     4mg     8mg     PO     IV

Other: \_\_\_\_\_    Route: \_\_\_\_\_

Dose: \_\_\_\_\_    Frequency: \_\_\_\_\_

**Nursing**

Provide nursing care per Smart Infusion Nursing Procedures,  
Including reaction management and post-procedure observation.

**Special Instructions / Notes**

**Provider Information**

Provider Name: \_\_\_\_\_    Provider NPI: \_\_\_\_\_

Office Phone: \_\_\_\_\_    Office Fax: \_\_\_\_\_

Provider Signature: \_\_\_\_\_    Date: \_\_\_\_\_

**Avsola Medication Orders**

**Patient Weight:** \_\_\_\_\_ KG

Dosage

3mg/kg IV     5mg/kg IV     10mg/kg IV

\_\_\_\_\_ mg/kg

Frequency

Induction week 0, 2, 6 then every 8 weeks

Maintenance every 8 weeks

Other \_\_\_\_\_

**Required Documents**

Patient Demographic Sheet

H & P within the past 6 months

Current Medication List

Clinical and Progress Notes