



Horizon NJ Health

Date of Request: _____

In place of this form you can submit Authorization Requests online securely via NaviNet. If you are not registered, please visit NaviNet.net and click Sign Up or call NaviNet Customer Care at 1-888-482-8057.

Infusion Authorization Request Form

Requirements: Clinical information and supportive documentation including office visit notes and recent diagnostic test results must be submitted to support request for approval. Notification required for any date of service change.

Fax completed form to: Horizon NJ Health 1-609-583-3014

General Information

Member Name: _____ Member ID #: _____ DOB: _____

Provider Contact Name: _____ Phone #: _____ Fax #: _____

List Any Additional Insurance: _____ Policy Name/Number: _____

Medical Information Needed

Date/Date Range of Service: _____

Days/Units Requested: _____

Primary Diagnosis: _____ Other Chronic Diagnosis: _____

ICD-10 Codes: _____

Procedure(s) Requested: _____

CPT Codes Requested: _____

Name of infusion medication: Iron Remicade Other

Requesting Provider: _____ ID # & NPI #: _____ TIN #: _____

Servicing Facility: _____ ID # & NPI #: _____ TIN #: _____

Location of Service: MD Office Outpatient Hospital Hospital SPU/OR Other

Additional Required Information

If Requesting Iron: (Please send Hemoglobin & Hematocrit for past 3 months and recent iron levels within past 30 days).

Anemia due to: _____ If Gyn related – Is Ob/Gyn addressing diagnosis? Yes No

List two (2) oral therapies attempted: _____

Failure due to: _____

If Requesting Remicade: Is member being managed by Rheumatologist: Yes No

Received Remicade previously: if Yes Date: _____ or No Weight: _____

Is disease active: Yes No Mild Moderate Severe

Rheumatoid Arthritis DMARD Therapy: Yes No List: _____

Crohn's Disease Fistulizing disease: Yes No Other previous therapies: _____

Is member in the MS Touch Program? Yes No