



Patient Name

DOB

Cell Phone

Address

ACTEMRA (tocilizumab)

Status New Therapy Order Renewal Dosage or Frequency Change

Diagnosis ICD 10: M06.__ Rheumatoid Arthritis (RA)
 ICD 10 Code: _____ Other: _____

Pertinent Medical Hx Patient's weight (most recent): _____ lbs / kg (circle one) Date: _____
TB Status & Date: _____ Hepatitis B Status & Date: _____

Labs Labs to be drawn by: Infusion Clinic Referring Physician
If Infusion Clinic: _____

Premeds No premeds necessary
 acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO
 cetirizine (Zyrtec) 10mg PO - **OR** - diphenhydramine (Benadryl) 25mg IV
 methylprednisolone (Solu-Medrol) 40mg / 125mg IV
 other: _____

IV Fluids NS TKO Other: _____

Medication Order Actemra 4mg/kg 8mg/kg
Dose will be rounded up to nearest vial size - **OR** - Give exact dose
Frequency: every 4 weeks Other: _____
Refills: x 1 year x _____ doses No refills; give this dose only.

Monitoring Monitor for signs/symptoms of hypersensitivity during infusion and 30 mins post-infusion.
For any signs of infusion reaction: STOP infusion. Contact on-site provider for instruction.

Additional Orders

Physician Information Physician Name _____ NPI _____
Office Contact _____ Phone _____
Provider Signature: _____ Date _____

REQUIRED DOCUMENTATION	
<input type="checkbox"/> Patient Demographics & Insurance Information:	- Copy of patient's insurance card – front and back
<input type="checkbox"/> Clinical / Progress Notes, supporting primary diagnosis:	- 2 most recent office notes - Medication history
<input type="checkbox"/> Most Recent Labs:	- CMP and CBC - TB screening (PPD, QFT Gold or TSpot) - Baseline Liver Enzymes

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