

Boca Raton
9980 Central Park Blvd
Suite 202, N
Boca Raton, FL 33428



(tocilizumab)

ACTEMRA

Infusion orders

Date: _____

| PATIENT INFORMATION | | |
|--|---------------------|--|
| Name: | DOB: | SEX: M <input type="checkbox"/> F <input type="checkbox"/> |
| ICD-10 code (required): | ICD-10 description: | |
| <input type="checkbox"/> NKDA Allergies: | Weight lbs/kg: | |

| REFERRAL STATUS | |
|---------------------------------------|---|
| <input type="checkbox"/> New Referral | <input type="checkbox"/> Referral Renewal <input type="checkbox"/> Medication/Order Change <input type="checkbox"/> Benefits Verification Only <input type="checkbox"/> Discontinuation Order |

| PHYSICIAN INFORMATION | |
|----------------------------|--|
| Referral Coordinator Name: | Referral Coordinator Email: |
| Ordering Provider: | Provider NPI: |
| Referring Practice Name: | Phone: _____ Fax: _____ |
| Practice Address: | City: _____ State: _____ Zip Code: _____ |

DIAGNOSIS *Please provide ICD-10 code*

- _____ Rheumatoid Arthritis (RA)
- _____ Giant Cell Arthritis (GCA)
- _____ Polyarticular Idiopathic Arthritis in > 2yro (PJIA)
- _____ Systemic Juvenile Idiopathic Arthritis (SJIA)

PRE-MEDICATION

| | |
|--|---|
| <input type="checkbox"/> Tylenol 1000mg PO | <input type="checkbox"/> Solu-Medrol 125mg IVP |
| <input type="checkbox"/> Diphenhydramine 25mg PO | <input type="checkbox"/> Solu-Cortef 100mg IVP |
| <input type="checkbox"/> Cetirizine 10mg PO | <input type="checkbox"/> Diphenhydramine 25mg IVP |
| <input type="checkbox"/> _____ (other) | <input type="checkbox"/> _____ (other) |

SPECIAL INSTRUCTIONS

ACTEMRA ORDERS

DOSE:

- Initial dose of 4mg/kg every 4 weeks, then 8mg/kg every 4 weeks
- 4mg/kg every 4 weeks
- 8mg/kg every 4 weeks
- Other _____

PATIENT WEIGHT

_____ lbs.
_____ kg

TOTAL DOSES:

1 yr _____ Other _____ Refill _____

Route: SQ IV

NOTES/ADDITIONAL COMMENTS:

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____