

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____ Sex: M / F Ht: _____ Wt: _____ lbs / kg
 Primary Language: _____ Allergies: _____
 Patient Preferred Location: _____

<ICD 10 CODE REQUIRED>

DIAGNOSIS & CLINICAL INFORMATION
ICD 10 Code (PROVIDE COMPLETE CODE)

- M05._____ Rheumatoid Arthritis, w/ Rheumatoid Factor
- M06._____ Rheumatoid Arthritis, w/o Rheumatoid Factor
- M31.5 Giant Cell Arthritis
- Other: _____

Prescribing Information

Dosing exceeding 800 mg is not recommended in RA patients.
 Dosing should not be administered less than every 28 days.

REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.
LAB RESULTS: Hepatitis B within 3 years, Negative TB within 12 months. CBC with diff, Platelets, AST, ALT, and Lipid panel within 60 days.

PRESCRIPTION
Lab Orders+
Required:

- Negative TB
- CBC with diff, Platelets, AST, and ALT at 2nd infusion, then every 12 weeks
- Lipid Panel, at 2nd infusion, then every six months
- + Medix Infusion will draw maintenance labs unless otherwise directed by Referring Provider

Actemra (tocilizumab)

Infuse in 100 mL of 0.9% Sodium Chloride over at least 1 hour

Loading Dose: (SELECT ONE)

- IV: Infuse 4 mg/kg
- IV: Infuse _____ mg/kg

Maintenance: (SELECT ONE)

- IV: Infuse 4 mg/kg every 4 weeks for one year
- IV: Infuse 8 mg/kg every 4 weeks for one year

Patient Weight: _____ lbs or _____ kg

In the event of an adverse reaction occurring at a Medix Infusion suite, utilize the Medix Infusion adverse reaction protocol.

Post Treatment Observations: The patient is observed for 30 minutes following the first and second infusion.

Comments: _____

PRESCRIBER INFORMATION

Prescriber Name: _____ *Signature:* _____
 Date: _____ NPI #: _____ Specialty: _____
 Supervising Physician: _____ (If Applicable)
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: _____ Fax: _____ Email: _____