

**ACTEMRA (TOCILIZUMAB)
INFUSION ORDERS**

****REQUIRED INFORMATION****

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, Labs, Tests** supporting primary diagnosis
- TB and Hepatitis B documentation

Patient Name:	DOB:
Allergies:	Patient Phone:

Diagnosis: Rheumatoid Arthritis (ICD-10 Code: _____)
 Other: _____ (ICD-10 _____)

J Code: J3262

ACTEMRA ORDERS

Actemra Initial Dose: 4mg/kg then Second Dose and thereafter: 8mg/kg every 4 weeks
 Other _____ mg every 4 weeks

*****DOSE NOT TO EXCEED 800MG*****

Patient Weight: _____ lbs.

Protocol:

TX #1 - Obtain baseline CBC, CMP, and Fasting Lipid Profile from prescribing MD office prior to 1st infusion

TX #2 - Instruct patient to get CBC, CMP, and Fasting Lipids 2 weeks prior to their third infusion.

RA: All subsequent infusions: **CBC, CMP every 3 months and Lipid Profile every 6 months**

PJIA: All subsequent infusions: **CBC, CMP every 8 weeks and Lipid Profile every 6 months**

SJIA: All subsequent infusions: **CBC, CMP every 4 weeks and Lipid Profile every 6 months**

Additional Instructions:

Physician Name:	Phone:	Fax:
**Physician Signature:	Date:	