



ACTEMRA® (TOCILIZUMAB) ORDER FORM

(* - Required Fields)

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

PATIENT INFORMATION			
NAME*:	DOB*:	SEX:	M F
ADDRESS:		PHONE:	
WEIGHT: _____ LBS	KG	HEIGHT:	EMAIL:
ALLERGIES:			

PHYSICIAN INFORMATION			
PHYSICIAN NAME*:		PRACTICE NAME:	
ADDRESS:		OFFICE CONTACT*:	
PHONE:	FAX:	EMAIL (FOR UPDATES):	

ACTEMRA ORDER*: <i>(SELECT ONE OF THE FOLLOWING)</i>	ICD-10*: _____
_____ Dosing: _____ mg/kg IV every _____ weeks	
Physician Signature* _____	Date* (Order is Valid for One Year) _____ <i>Infusion will be administered per MPP policy and protocols</i>

REQUIRED DIAGNOSIS:
<input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Cytokine Release Syndrome <input type="checkbox"/> Other _____
Last Infusion/Injection Date: _____

REQUIRED DOCUMENTATION CHECKLIST:
<input type="checkbox"/> Patient Demographics <input type="checkbox"/> Insurance Card/Information <input type="checkbox"/> Clinical/Progress Notes supporting DX <input type="checkbox"/> Current Medication List and H&P <input type="checkbox"/> Comprehensive Metabolic Panel, CB with differential if available <input type="checkbox"/> HepB Core (w/in 36 months) <input type="checkbox"/> HepB Surf Ag (w/in 36 months) <input type="checkbox"/> TB Results (w/in 6 months)
If positive, need negative chest Xray and negative TSpot

STANDING LAB ORDERS: <input type="checkbox"/> CMP <input type="checkbox"/> CBC <input type="checkbox"/> CRP <input type="checkbox"/> ESRP <input type="checkbox"/> HFR <input type="checkbox"/> UA _____ Labs to be drawn by Infusion Center Frequency _____

NOTES/ADDITIONAL COMMENTS:

Locations:

-----Colorado-----

Lakewood

-----Florida-----

Fort Myers Coming Soon

Jacksonville

Kissimmee Coming Soon

Port St. Lucie

Winter Park

-----Texas-----

Arlington

Cedar Hill

Dallas

Denton

Ft. Worth Coming Soon

Irving

Rockwall

Southlake

Lewisville

Plano

Tyler

REVISION DATE- 11/2019