



ACTEMRA (TOCILIZUMAB) INFUSION ORDERS

PATIENT INFORMATION

Demographics attached

Patient Name: _____ DOB: _____ Phone: _____

INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARDS, FRONT AND BACK

MEDICAL INFORMATION

J Code: J3262 Diagnosis: Rheumatoid Arthritis ICD-10 Code: _____
 Other: _____ ICD-10 Code: _____

Patient Weight: _____ lbs.

Allergies: _____

Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached

Date of last TB/CXR: _____ Copy of documentation attached

Labs: Required labs to drawn by: Infusion Clinic Referring Physician

Lab Orders: _____

TB and Hepatitis B Documentation attached

Hepatitis B Protocol: Hep B surface antigen and Hep B Core AB total required.

TB Protocol: Baseline testing: Quantiferon Gold (QFT Gold) or PPD. Yearly TB Screening (optional)

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*****

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 Orders/Comments:

PHYSICIANS INFORMATION

By signing this form and utilizing our services, you are authorizing Paragon Healthcare Inc. and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: _____ Date: _____

Physician Name: _____

Phone: _____ Fax: _____ Contact Person: _____

INFUSION CENTER LOCATION

<input type="checkbox"/> Arlington P: 817.200.2530 F: 817.509.0011	<input type="checkbox"/> Austin P: 512.261.4800 F: 512.261.4803	<input type="checkbox"/> Dallas P: 972.408.2777 F: 469.913.6894	<input type="checkbox"/> Houston P: 713.860.1755 F: 713.277.7219	<input type="checkbox"/> Knoxville P: 865-299-7525 F: 865-338-5604	<input type="checkbox"/> North Hills P: 817.284.2700 F: 817.284.2701	<input type="checkbox"/> Plano P: 469-974-0565 F: 469-608-2072	<input type="checkbox"/> Round Rock P: 737-443-5230 F: 737-402-7698	<input type="checkbox"/> San Antonio P: 210.366.4358 F: 210.366.4896	<input type="checkbox"/> Stone Oak P: 210.485.3700 F: 210.390.1738
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