

**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

<b>Patient Name:</b>	<b>DOB:</b>
<b>Allergies:</b>	<b>Patient Phone:</b>

**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:**

<b>Physician Name:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>**Physician Signature:</b>	<b>Date:</b>	