vitalcare INFUSION SERVICES of SIOUX FALLS

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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 8OOMG

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:**