

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____ Sex: M / F

Ht: _____ WT: _____ lbs / kg Primary Language: _____ Allergies: _____

Patient Preferred Location: Staten Island West Harrison Manhattan New Paltz Bronx Syosset
 Port Jefferson Millburn Brooklyn Heights Paramus

DIAGNOSIS & CLINICAL INFORMATION

<ICD 10 CODE REQUIRED>

ICD 10 Code (PROVIDE COMPLETE CODE)

- M05._____ Rheumatoid Arthritis, w/ Rheumatoid Factor
- M06._____ Rheumatoid Arthritis, w/o Rheumatoid Factor
- M31.5 Giant Cell Arthritis
- Other: _____

Prescribing Information

Dosing exceeding 800 mg is not recommended in RA patients.
 Dosing should not be administered less than every 28 days.

REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.
NOTE: Hepatitis B within 3 years, Negative TB within 12 months. CBC with diff, Platelets, AST, ALT, and Lipid panel within 60 days.

PRESCRIPTION

Pre-Medications

- Tylenol 650mg PO
- Zyrtec 10mg PO
- Claritin 10mg PO
- Benadryl 25mg PO
- Benadryl 25mg IVP
- Benadryl 50mg PO
- Benadryl 50mg IVP
- Pepcid 20mg IVP
- Pepcid 20mg PO
- Solu-medrol 125mg IVP
- Solu-medrol 250mg IVP
- Solu-medrol 500mg IVP

Pre Labs:

- CBC
- CMP
- CRP
- ESR
- Iron Panel
- Vitamin D
- Other _____

Other: _____

Actemra (tocilizumab)

Loading Dose:

- IV: Infuse 4 mg/kg
- IV: Infuse _____ mg/kg

Maintenance Dose: (SELECT ONE)

- IV: Infuse 4 mg/kg every 4 weeks for one year
- IV: Infuse 8 mg/kg every 4 weeks for one year

Patient Weight: _____ lbs or _____ kg

In the event of an adverse reaction occurring at a Specialty Infusion suite, utilize the Specialty Infusion adverse reaction protocol.

Comments: _____

PRESCRIBER INFORMATION

Prescriber Name: _____ Signature: _____

Supervising Provider (if applicable) _____

Date: _____ NPI#: _____ Specialty: _____

Practice Name: _____ (If Applicable)

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Fax: _____ Email: _____