



Jupiter Infusion
 140 Jupiter Lakes Blvd, Suite A
 Jupiter, FL 33458
 Office: 561-277-9211

INFUSION ORDERS-ACTEMRA (TOCILIZUMAB)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS		
<input type="checkbox"/> New Referral	<input type="checkbox"/> Dose or Frequency Change	<input type="checkbox"/> Order Renewal

DIAGNOSIS AND ICD 10 CODE	
<input type="checkbox"/> Rheumatoid Arthritis	ICD 10 Code: M06.9
<input type="checkbox"/> Systemic Juvenile Idiopathic Arthritis (SJIA)	ICD 10 Code: M08.09
<input type="checkbox"/> Polyarticular Juvenile Idiopathic Arthritis (PJIA)	ICD 10 Code: _____
<input type="checkbox"/> Other: _____	ICD 10 Code: _____

REQUIRED DOCUMENTATION	
<input type="checkbox"/> This signed order form by the provider <input type="checkbox"/> Patient demographics AND insurance information <input type="checkbox"/> TB Test Results	<input type="checkbox"/> Clinical/Progress notes <input type="checkbox"/> Labs and Tests supporting primary diagnosis

List Tried & Failed Therapies, including duration of treatment:

- 1)
- 2)
- 3)

MEDICATION ORDERS**	
Rheumatoid Arthritis Dosing	<input type="checkbox"/> Actemra 4mg/kg IV every 4 weeks <input type="checkbox"/> Actemra 8mg/kg IV every 4 weeks <input type="checkbox"/> Actemra _____mg IV every 4 weeks Please note that doses >800mg for RA are not recommended.
SJIA Dosing	<input type="checkbox"/> Actemra 12mg/kg IV every 4 weeks (for patients weighing <30kg) <input type="checkbox"/> Actemra 8mg/kg IV every 4 weeks (for patients weighing ≥ 30kg)
PJIA Dosing	<input type="checkbox"/> Actemra 10mg/kg IV every 4 weeks (for patients weighing <30kg) <input type="checkbox"/> Actemra 8mg/kg IV every 4 weeks (for patients weighing ≥ 30kg)
Patient Weight = _____ kg **Patient weight required for weight-based orders.	
Refills: <input type="checkbox"/> X 6 months <input type="checkbox"/> X 1 year <input type="checkbox"/> _____ doses	

PRESCRIBER INFORMATION		
Prescriber Name:		
Office Phone:	Office Fax:	Office Email:
Prescriber Signature:		Date:

Fax referral to (561) 277-9226

All information contained in this form is strictly confidential and will become part of the patient's medical record.