

### ACTEMRA IV (Tocilizumab) ORDER FORM

#### REFERRAL TYPE

New Referral     
  Order Renewal     
  Restart     
  Frequency Change     
  Dosage Change

#### PREFERRED LOCATION

2730 University Blvd. West | Suite 714  
Wheaton, MD 20902

14995 Shady Grove Road | Suite 250  
Rockville, MD 20850

5454 Wisconsin Avenue | Suite 600  
Chevy Chase, MD 20815

18111 Prince Philip Drive | Suite 323  
Olney, MD 20832

71 Thomas Johnson Drive  
Frederick, MD 21702

2021 K Street, NW | Suite 300  
Washington, DC 20006

3027 Javier Road | Suite 2  
Fairfax, VA 22031

#### PATIENT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Weight: \_\_\_\_\_ KG LBS Phone: \_\_\_\_\_

#### REFERRING PHYSICIAN INFORMATION

Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

#### ACTEMRA IV ORDER

*We do not accept off-label diagnoses, dosages, or frequencies.*

#### Dosing/Frequency:

4mg/kg IV every 4 weeks     
  8mg/kg IV every 4 weeks     
  Other: \_\_\_\_\_ mg/kg IV every \_\_\_\_\_ weeks

#### Diagnosis:

- M05.69—Rheumatoid arthritis of multiple sites with involvement of other organs and systems
- M05.79—Rheumatoid arthritis with rheumatoid factor of multiple sites w/o organ or systems involvement
- M05.89—Other rheumatoid arthritis with rheumatoid factor of multiple sites
- M06.09—Rheumatoid arthritis w/o rheumatoid factor, multiple sites
- M06.89—Other specified rheumatoid arthritis, multiple sites

Other Diagnosis: \_\_\_\_\_ ICD-10 Code (Required): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_ *(Order is Valid for One Year)*

#### REQUIRED DOCUMENTATION

#### Please fax the following documents and records:

- Patient Demographics
- Two most recent office notes (Supporting the DX and treatment ordered)
- Most recent labs that include values for:
  - CMP, CBC, HBV Surface Antigen
  - TB Screening (PPD, QFT Gold or Tspot) or recent chest x-ray
- Copy of the patient's insurance card(s) – front and back
- Medication History
- For continuation of treatment, include the last infusion note

***We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.***