

## MEDICATION ORDERS ACTEMRA (BENRALIZUMAB)

A BAPTIST MEDICAL CENTER SOUTH FACILITY

PATIENT INFORMATION				
Name:	DOB:			
Allergies:	Date of Referral:			
REFERRAL STATUS				
🗖 New Referral 🛛 Dose or Freq	uency Change 🛛 Order Renewal			
INFUSION OFFICE PREFERENCE (Optional)				
Preferred Location: D Montgomery D Prattville				
DIAGNOSIS AND ICD 10 CODE				
Rheumatoid Arthritis ICD 10 Code: M06.9				
□ Other: ICD 10 Code:_				
REQUIRED DOCUMENTATION/TESTING				
This signed order form by the provider	Clinical/Progress notes			
Patient demographics AND insurance information	Labs and Tests supporting primary diagnosis			
□ TB Test Results				
List Tried & Failed Therapies, including duration of treatment:				
1)				
2)				
3)				
-,				

MEDICATION ORDERS				
Rheumatoid Arthritis Dosing	Actemra 4mg/kg IV every 4 weeks			
	Actemra 8mg/kg IV every 4 weeks			
	Actemra mg IV every 4 weeks			
	Please note that doses >800mg for RA are not recommended.			
Refills: 🗖 x 6 months 🛛 x 1 year	□ doses			
New orders and progress notes required at least once yearly. A medication substitution may be required based on				
insurance payer policy due to preferred versus non-preferred medications or based on payer step therapy guidelines.				
Please note: if an infusion reaction occurs, the Montgomery Cancer Center provider will order appropriate rescue				
medications as deemed medically necessary. This may also include pausing, reducing the rate of infusion or discontinuing				
the medication.				
PREMEDICATIONS				
✓ Acetaminophen 1000mg PO, 30-60 minutes prior to Actemra infusion				
✓ Diphenhydramine 50mg IV, 30 minutes prior to Actemra infusion				
✓ Famotidine 20mg IV, 30 minutes prior to Actemra infusion				
<ul> <li>Methylprednisolone 125mg IV 30 minutes prior to Actemra infusion</li> </ul>				

PROVIDER INFORMATION					
Office Contact Name:					
Prescribing Providers Name:		Provider NPI:			
Office Address:	City:	State:	Zip:		
Office Phone Number:	Office Fax Number	Office Fax Number:			
Physician Signature:	Date:				

Contact us with questions at: Montgomery (334) 273-7000 or Prattville (334) 351-1000

Fax completed form and all documentation to Montgomery (334) 260-2011 or Prattville (334) 358-1207

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