

Patient Information

Demographics Attached

Patient Name: _____ DOB: _____ Phone: _____

INSURANCE INFORMATION: Please attach a copy of insurance cards (front and back).

Medical Information

J Code: J3262 **Diagnosis:** Rheumatoid Arthritis **ICD-10 Code:** _____
Other _____ **ICD-10 Code:** _____

Patient Weight: _____ lbs.

Allergies: _____

Clinical/progress notes, labs and tests supporting primary diagnosis attached

Date of Last TB/CXR: _____ Copy of documentation attached

Labs: Required labs to be drawn by: Infusion Center Referring Provider

Lab Orders: _____

TB and Hepatitis B Documentation attached

Hepatitis B Protocol: Hep B surface antigen and Hep B Core AB total required

TB Protocol: Baseline testing: Quantiferon Gold (QFT Gold) or PPD

Yearly TB Screening (optional)

Actemra Orders

Actemra: 4 mg/kg IV every 4 weeks for _____ doses, then followed by 8 mg/kg IV every 4 weeks thereafter
4 mg/kg IV every 4 weeks
8 mg/kg IV every 4 weeks
Other dose: _____ mg IV every 4 weeks

*****DOSE NOT TO EXCEED 800 MG IN RA DIAGNOSIS*****

Protocol: Labs per diagnosis as follows:

All dx: Obtain CBC w/ diff, LFTs and Lipid Panel prior to 1st infusion

RA: CBC w/ diff, LFTs and Lipid Panel prior to 3rd infusion

All subsequent infusions – CBC w/ diff q 3 mos, LFTs q 4-8 weeks for 1st 6 mos, then q 3 mos and Lipid Panel q 6 mos

PJIA: CBC w/ diff, LFTs and Lipid Panel prior to 2nd dose, then CBC w/ diff, LFTs q 4-8 weeks and Lipid Panel q 6 months

SJIA: CBC w/ diff, LFTs and Lipid Panel prior to 2nd dose, then CBC w/ diff, LFTs q 2-4 weeks and Lipid Panel q 6 months

Additional Orders / Comments:

Physician Information

By signing this form and utilizing our services, you are authorizing Hy-Vee Health and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Provider Name: _____ Signature: _____ Date: _____

Provider NPI: _____ Phone: _____ Fax: _____ Contact Person: _____

Service Areas

Des Moines, IA West Des Moines, IA Chicago, IL Omaha, NE Buffalo, NY Dallas, TX
Phoenix, AZ Other _____

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