

North Texas Specialty Pharmacy and Infusion Centers

3409 Worth St. Sammons Ste.710 Dallas, TX 75246 (214)823-2533 FAX (214)887-0436 www.NTISP.org

Actemra® (tocilizumab) Enrollment Form

Patient Information

Last Name		First Name	MI
Street Address	City	State	Zip Code
Phone (daytime)	Phone (cell)	Date of Birth	Sex

Primary Insurance Information Secondary Insurance Information Pharmacy Insurance Card

Insurance Name		Insurance Name	Insurance Name
Cardholder Name	SSN	Cardholder Name	SSN
Group / Policy Number		Group / Policy Number	BIN Number
			Group Number

Physician Information

Physician Name		Contact Person	
Street Address	City	State	Zip Code
Physician's DEA Number	Phone Number	Fax Number	

Statement of Medical Necessity : PLEASE INCLUDE A COPY OF CHART DOCUMENTATION OF DIAGNOSIS CODES

Rheumatoid Arthritis ICD-9 Code: 714.0 Other _____
Date Diagnosed: _____

Medical History : Please send copy of current labs (labs must have been drawn in the last 90 days)

Patient Weight: _____(Lbs) / _____(Kgs) Height: _____
Tuberculin (PPD) skin test date _____ Negative Positive If positive: date of last X-Ray: _____
Hep B Surface Antigen test date _____ Negative Positive Administer Hep B Vaccine Yes No
Initial LFT Normal No Yes History of CHF No Yes History of COPD No Yes

Prescription Orders

Actemra® (tocilizumab) include infusion supplies and flushes Actemra Refills: _____ times
Sig: _____ mg/kg Frequency: _____ mg every 4 Weeks. Infuse over 1 (One) Hours
Or as directed by Prescribing Physician (Specify) _____
 Dispense ACTEMRA vials _____ 80mg _____ 200mg _____ 400mg Refill: (ACTEMRA) 12 months Refill _____ times

Premedications:

- Acetaminophen 650 mg PO Benadryl 25mg IVP Benadryl 50mg IVP
 Promethazine 25mg IVP Solu-Medrol 125mg IVP No Premeds Needed
 Other Premeds Needed _____

Refill: (Premeds) 12 months Refill _____ times

Lab Orders: _____

Allergies: _____

Physician's signature _____

Date _____

Fax completed form to (214)887-0436.

Insurance / Clearance questions call (214) 276-5642 or e-mail mike.ellis@ntisp.org. Pharmacy / Clinical questions call (214) 276-5623. Include the following documents when faxing the enrollment form: pt's insurance card(s) front & back, Pharmacy Benefit Card, lab work, letter of medical necessity and any other documentation supporting the use of Actemra.

Patient's Preferred Infusion Center Location: Downtown Dallas NorthPark