

Patient Referral for Treatment – ACTEMRA® INJECTION TRAINING (tocilizumab)

Step 1: PRESCRIBING DOCTOR details

| | |
|------------------|------------|
| First name: | Last name: |
| Clinic address: | |
| State: | Postcode: |
| Phone: (0) | Fax: (0) |
| Email: | |
| Provider number: | |

Step 2: PATIENT details

| | |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------|
| First name: | Last name: |
| Gender: M <input type="checkbox"/> F <input type="checkbox"/> | Date of birth: DD / MM / YYYY |
| Mailing address: | |
| State: | Postcode: |
| Phone: (0) | Mobile: |
| Indication: <input type="checkbox"/> Rheumatoid Arthritis (RA) <input type="checkbox"/> Giant Cell Arteritis (GCA) | |
| RELEVANT PATIENT MEDICAL HISTORY, INCLUDING KNOWN ALLERGIES: | |

Step 3: PRESCRIBER ACKNOWLEDGEMENT




I hereby request administration of ACTEMRA to the above patient. Following my clinical assessment and examination, I confirm that the patient has no known contraindication to the administration of ACTEMRA as per the drug's product information. I understand that in the rare case that a patient displays an acute reaction in the presence of a nurse, during or after an ACTEMRA injection, the nurse may administer emergency medication in accordance with best practice. I have explained to my patient they will be contacted by Sonic Nurse Connect to arrange an appointment for injection training and they have provided their consent to this. I have also advised the patient that they will be required to sign a formal consent at their appointment.

Sonic Nurse Connect (ABN 68 095 610 478) ("we", "us" or "our") collect personal information about you in order to complete a referral and administer treatment with ACTEMRA to patients referred to Sonic Nurse Connect by you, and for purposes otherwise set out in our Privacy Policy at www.snc.com.au. If you do not provide this information, we may not be able to provide this service to you. This information may be disclosed to third parties that help us deliver our services (including information technology suppliers, communication suppliers and our business partners) or as required by law. The Privacy Policy explains how we will collect, use, store and disclose your personal information, and the way in which you can access and seek correction of your personal information or complain about a breach of the Privacy Act. To obtain further information you can contact us on 1800 687 726. Information on the Sonic Nurse Connect Privacy Policy is available at www.snc.com.au.

Step 4: MEDICATION ORDER

| Medication ACTEMRA (tocilizumab) | Route Subcutaneous injection | Dose 162mg | Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly (GCA Only) | RECORD OF ACTEMRA ADMINISTRATION | | |
|-----------------------------------------------|-------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------|--------------------------------|
| | | | | Date | Time | Nurse Signature |
| Prescribing Dr Name: | | | | SNC USE ONLY | | |
| Prescribing Dr Signature: | | | | | | |
| Date of Order: DD / MM / YYYY | | | | Nurse Name: | | |
| | | | | Injection administered by: | | |
| | | | | Patient <input type="checkbox"/> | Carer <input type="checkbox"/> | Nurse <input type="checkbox"/> |

Send completed form to SONIC NURSE CONNECT:

-  BY FAX (1800 887 085)
-  OR EMAIL (actemra.referral@snc.com.au)
-  FOR FURTHER INFORMATION CALL 1800 778 711