



Actemra (Tocilizumab) Infusion/Subcutaneous Injection Order Form

Patient Information

Patient Name: _____ DOB: _____ M F

Allergies: _____

New Treatment Continuing Treatment Last Treatment Date: _____ Next Due Date: _____

Diagnosis and ICD 10 Code (Required)

- Rheumatoid Arthritis ICD 10 Code: K51.90
- Systemic Juvenile Idiopathic Arthritis ICD 10 Code: M06.9
- Polyarticular Juvenile Idiopathic Arthritis ICD 10 Code: _____
- Other: _____ ICD 10 Code: _____

Required Tests (within 12 months & attach results)

TB/Quantiferon Status & Date: _____

Hepatitis B Status & Date: _____

Required Labs (within 3 months & attach results)

- CBC Results _____
- CMP Results _____
- CRP Results _____
- Other: _____

Pre-Medication Orders

- Acetaminophen (Tylenol) 500mg 650mg 1000mg PO
- Diphenhydramine (Benadryl) 25mg 50mg PO IV
- Methylprednisolone (Solu-Medrol) 125mg IV
- Ondansetron (Zofran) 4mg 8mg PO IV
- Other: _____ Route: _____
- Dose: _____ Frequency: _____

Nursing

Provide nursing care per Smart Infusion Nursing Procedures, Including reaction management and post-procedure observation.

Special Instructions / Notes

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____

Actemra Medication Order

Patient Weight: _____ KG

Infusion

Dosage

4mg/kg IV 8mg/kg IV 10mg/kg IV

12mg/kg IV Other _____

Frequency

Every 2 weeks Every 4 weeks

Other _____

Subcutaneous Injection

Dosage

162mg Other _____

Frequency

Weekly Every 2 weeks Every 3 weeks

Other _____

Required Documents

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical and Progress Notes