



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: _____

Required Labs

TB/QuantiFERON (within 12 months & attach results)

Hepatitis B Status & Date: _____

Most Recent CBC, CMP & Lipid Panel (attach results)

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

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 & Progress Notes (including last infusion note)
- Copy of Insurance Card (Front/Back)

Location

Eau Claire Weston Middleton

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____