

## Actemra (Tocilizumab) Infusion Order

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Diagnosis (please provide ICD10 code): \_\_\_\_\_

Other: \_\_\_\_\_

NKDA  Allergies: \_\_\_\_\_

New Therapy Order  Continuation of Therapy Date of last dose: \_\_\_\_\_

Ordering Provider Name: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Pre-Medication

- Acetaminophen \_\_\_\_\_mg by  PO
- Ceterizine \_\_\_\_\_mg by  PO
- Diphenhydramine \_\_\_\_\_mg by  PO/  IVP
- Solu-Medrol \_\_\_\_\_mg by  PO/  IVP
- Solu-Cortef \_\_\_\_\_mg by  PO/  IVP
- Other: \_\_\_\_\_

### Required Documentation:

- Patient Demographics
- Patient Insurance (med and pharm card copies, front and back)
- Progress Notes/Labs supporting diagnosis
- TB status and Date (list results & attach clinicals)
- Hepatitis B status and Date (list results & attach clinicals)
- Other: \_\_\_\_\_

### Actemra is a weight based drug:

Patient Height (cm): \_\_\_\_\_ Patient Weight (kg): \_\_\_\_\_

### Actemra Medication Order (Please select ONE):

#### IV Infusion

- Dosing (Please choose one)
  - 4 mg/kg
  - 8 mg/kg
  - 10 mg/kg
  - 12 mg/kg
  - Other: \_\_\_\_\_
- Frequency (Please choose one)
  - Every 2 weeks for \_\_\_\_\_ doses
  - Every 4 weeks for \_\_\_\_\_ doses
  - Other: \_\_\_\_\_

#### Subcutaneous Injections

- Dosing (Please choose one)
  - 162 mg
  - Other: \_\_\_\_\_
- Frequency (Please choose one)
  - Weekly for \_\_\_\_\_ doses
  - Every 2 weeks for \_\_\_\_\_ doses
  - Every 3 weeks for \_\_\_\_\_ doses
  - Other: \_\_\_\_\_

**Additional Instructions/Notes:**

### Ordering Provider:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Best Contact Person in Office: \_\_\_\_\_

Phone: \_\_\_\_\_