INFUSACARE
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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
□ Cetirizine _____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:_____

Additional Instructions/Notes:

Patient IV Access

□ PIV
□ Use patient's SL/DL PICC, flush per protocol
□ Access/deaccess patient's Port, flush per protocol
*Imaging results of proper placement required for PICC/Port

Ordering Provider:

Signature: _____ Date: _____

Provider: _____ Phone: _____ Fax: _____

Best Contact Person in Office: _____ Phone: _____

Locations:

□ Skokie, IL: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
□ Libertyville, IL: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
□ Orland Park, IL: 16612 107th Ct, Ste B. P: 847-324-6800. F: 224-251-7141
□ Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400