

# Tyenne (Tocilizumab-aazg) Infusion/Injection 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
- CBC, CMP specifically including the following:
  - Absolute neutrophil count below 2000 per mm<sup>3</sup>
  - Platelet count below 100,000 per mm<sup>3</sup>
  - ALT or AST
- Other: \_\_\_\_\_

**Tyenne may be a weight based drug:**

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

**Tyenne Medication Order:**

*Rheumatoid Arthritis*

- Intravenous Infusion Dosage for Adults
  - Induction: 4mg/kg every 4 weeks for \_\_\_\_\_ doses, followed by maintenance
  - Maintenance: 8mg/kg every 4 weeks
  - Other: \_\_\_\_\_
- Subcutaneous Dosage for Adults
  - Patients less than 100kg at the time of dosing, 162mg every 2 weeks
  - Patients more than 100kg at the time of dosing, 162mg every week
  - Other: \_\_\_\_\_

*Polyarticular Juvenile Idiopathic Arthritis*

- Intravenous Infusion Dosage for Pediatrics
  - Patients less than 30kg at the time of dosing, 10mg/kg every 4 weeks
  - Patients more than 30kg at the time of dosing, 8mg/kg every 4 weeks
  - Other: \_\_\_\_\_
- Subcutaneous Injection Dosage for Pediatrics
  - Patients less than 30kg at the time of dosing, 162mg every 3 weeks
  - Patients more than 30kg at the time of dosing, 162mg every 2 weeks
  - Other: \_\_\_\_\_

*Giant Cell Arthritis*

- Intravenous Infusion Dosage for Adults
  - 6mg/kg every 4 weeks, while tapering off glucocorticoids
  - Other: \_\_\_\_\_
- Subcutaneous Dosage for Adults
  - 162mg every 2 weeks, while tapering off glucocorticoids
  - 162mg every week, while tapering off glucocorticoids, based on clinical consideration
  - Other: \_\_\_\_\_

*Systematic Juvenile Idiopathic Arthritis*

- Intravenous Infusion Dosage for Pediatrics
  - Patients less than 30kg at the time of dosing, 12mg/kg every 2 weeks
  - Patients more than 30kg at the time of dosing, 8mg/kg every 2 weeks
  - Other: \_\_\_\_\_
- Subcutaneous Injection Dosage for Pediatrics
  - Patients less than 30kg at the time of dosing, 162mg every 2 weeks
  - Patients more than 30kg at the time of dosing, 162mg every week
  - Other: \_\_\_\_\_

**Additional Instructions/Notes:**

  
  
  

**Ordering Provider:**

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

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

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

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

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

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

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

**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
- Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400