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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^3
- Platelet count below 100,000 per mm^3
- 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 bymaintenance
□ 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: _____

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: _____

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: _____

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: _____

AdditionalInstructions/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

OrderingProvider:

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