

Actemra (Tocilizumab)

PATIENT INFORMATION

Referral Status (check one): New Referral Updated Order Order Renewal

Patient Name: _____ DOB: _____

NKDA Allergies: _____ Weight _____ Please specify: lbs kg Height: _____

Patient Status (check one): New to Therapy Continuing Therapy | Last Treatment Date: _____ Next Due Date: _____

ICD-10 code (required): _____ ICD-10 description: _____

REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.

PRESCRIPTION

NURSING

TB status & date (list results here & attach clinicals)

PRE-MEDICATION ORDERS

- acetaminophen (Tylenol) 500mg | 650mg | 1000mg PO
- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- diphenhydramine (Benadryl) 25mg | 50mg | PO | IV
- methylprednisolone (Solu-Medrol) 40mg | 125mg IV
- hydrocortisone (Solu-Cortef) 100mg IV
- Other: _____

Dose: _____ Route: _____

Frequency: _____

SPECIAL INSTRUCTIONS

THERAPY ADMINISTRATION

Tocilizumab (Actemra) in 100ml 0.9% sodium chloride for patient weight >30kg or 50ml 0.9% sodium chloride for patient weight <30kg, intravenous infusion over one hour

- Dose: 4mg/kg / 8mg/kg / 10mg/kg / 12mg/kg

round up to nearest whole vial

give exact dose

- Frequency: every 2 weeks / every 4 weeks / other: _____

- Route: intravenous

- Infuse over 1 hour

Flush with 0.9% sodium chloride at infusion completion

Tocilizumab (Actemra) injection

- Dose: 162mg / _____ mg

- Frequency: weekly / every 2 weeks / every 3 weeks /

other: _____

- Route: subcutaneous

Patient is required to stay for 30-minute observation

Refills: Zero / for 12 months / other: _____

(if not indicated the order will expire one year from date signed)

*Perform test for latent TB; if positive, start treatment for TB prior to starting ACTEMRA. Monitor all patients for active TB during treatment, even if initial latent TB test is negative.

It is recommended that ACTEMRA not be initiated in patients with an absolute neutrophil count (ANC) below 2000 per mm³, platelet count below 100,000 per mm³, or who have ALT or AST above 1.5 times the upper limit of normal (ULN).

Laboratory monitoring—recommended due to potential consequences of treatment-related changes in neutrophils, platelets, lipids, and liver function tests.

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

 Provider Name (Print)

 Provider Signature

 Date