

# Actemra, Tyenne (Tocilizumab)

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## Preferred Clinic Location

- ☐ **Harbor Health Park Bend Clinic**  
2200 Park Bend Drive, Bldg 2, Suite 300, Austin, TX 78758  
P: (855) 481-8375  
F: (512) 233-2288

## Patient Information

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
ICD-10 code (required): \_\_\_\_\_ ICD-10 description: \_\_\_\_\_  
☐ NKDA Allergies: \_\_\_\_\_ Weight (lbs/kg): \_\_\_\_\_ Height: \_\_\_\_\_  
Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

## Provider Information

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_  
Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Supporting Documents/Information (Please provide all of the following)

- Patient insurance information
- Patient medication list
- Results of a recent tuberculosis (TB) skin/lab testing
- Supporting clinical notes (H&P) to support primary diagnosis:
  - Patient has moderately to severely active rheumatoid arthritis (RA) who has had an inadequate response to one or more disease modifying anti-rheumatic drugs (DMARDs)
  - Patient has giant cell arteritis (GCA)
  - Patient has active polyarticular juvenile idiopathic arthritis
  - Patient has active systemic juvenile idiopathic arthritis
- Labs to verify:
  - ANC above 2000 per mm<sup>3</sup>
  - Platelet count above 100,000 per mm<sup>3</sup>
  - ALT or AST above 1.5 x the upper limit of normal (ULN)

## Orders

### NURSING

- ☒ Nursing care per [Harbor Health Nursing Procedures](#) and [Harbor Health Adverse Reaction Management Protocol](#).  
☒ Verify TB status & date  
☒ Verify necessary labs prior to initiation of therapy

### LABORATORY

- ☐ CBC ☐ at each dose ☐ every \_\_\_\_\_  
☐ CMP ☐ at each dose ☐ every \_\_\_\_\_  
☐ CRP ☐ at each dose ☐ every \_\_\_\_\_  
☐ Other: \_\_\_\_\_

### PRE-MEDICATION

- ☐ 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: \_\_\_\_\_

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Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## Orders, cont.

### THERAPY

- ☐ **IV Tocilizumab** (Actemra) or other tocilizumab product (as required by patient's health plan)
- NOTE: Tocilizumab products include Actemra and Tyenne
- Dose: ☐ 4mg/kg / ☐ 6mg/kg / ☐ 8mg/kg / ☐ 10mg/kg / ☐ 12mg/kg
  - ☐ round up to nearest whole vial
  - ☐ give exact dose
  - Frequency: ☐ every 2 weeks / ☐ every 4 weeks / ☐ other \_\_\_\_\_
  - Duration (please check one box below):
    - ☐ Order is good for \_\_\_\_\_ doses
    - ☐ Continue order for 12 months (a new order is required every 12 months from the date written)
    - For continuation of Actemra at a different dose after the above ordered duration, please complete a new order set)
  - Route: ☒ intravenous
  - Infuse over 1 hour
  - ☒ Flush with 0.9% sodium chloride at infusion completion
  - Doses exceeding 800mg per infusion are not recommended in RA patients

- ☐ **Subcutaneous Tocilizumab** (Actemra) injection
- Dose: ☐ 162mg / ☐ \_\_\_\_\_mg
  - Frequency: ☐ weekly / ☐ every 2 weeks / ☐ every 3 weeks / ☐ other \_\_\_\_\_
  - To change frequency of dosing based on patient weight <100kg, please submit a new order.
  - Route: ☒ intravenous
- ☐ Patient is required to stay for 30 minute observation

*It is recommended that ACTEMRA not be initiated in patients with an absolute neutrophil count (ANC) below 2000 per mm<sup>3</sup>, platelet count below 100,000 per mm<sup>3</sup>, 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.*

## Special Instructions

NOTES:

Provider Name (Print): \_\_\_\_\_ Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_