



# TOCILIZUMAB

(Actemra)

Outpatient Infusion

## Order Form

<b>Patient Name</b>	
<b>DOB</b>	
<b>Address</b>	
<b>Phone</b>	

**Order Status**       New Order       Renewal       Dose or Frequency Change

<b>Allergies:</b>	<b>Weight:</b>	<b>Height:</b>
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<b>Diagnosis</b>	<input type="checkbox"/> Rheumatoid arthritis	<input type="checkbox"/> Cytokine release syndrome	<b>Diagnosis Code:</b>
	<input type="checkbox"/> Systemic sclerosis associated interstitial lung disease	<input type="checkbox"/> Giant cell arteritis	
	<input type="checkbox"/> Other:		

<b>Required Information</b>	Negative Quantiferon TB, T-spot or chest x-ray (no active disease)	Date:
	Diagnostic Hepatitis B panel	Date:
	Coccidioides Screen/Panel	Date:
	CBC and CMP	Date:

### Required Documentation

- H&P or progress note supporting diagnosis and medication history
- RA: Positive RF or anti-CCP or RF, Anti-CCP and CRP and/or ESR and inadequate response to methotrexate or another convention synthetic drug or inadequate response to NSAIDs and/or intra-articular glucocorticoids
- Giant cell arteritis: Temporal artery biopsy or cross-sectional imaging or acute-phase reactant elevation and/or high CRP
- SSc-ILD: HRCT study of chest
- Cytokine release syndrome: CAR T cell-induced CRS or refractory CRS related to blinatumomab therapy
- Recent labs (as above) and/or diagnostic test results

<b>Labs</b>	<input type="checkbox"/> Hepatic Function panel every 3 months	<input type="checkbox"/> Other:
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### Pre-Medications

- |  |                          |                             |  |                              |
|--|--------------------------|-----------------------------|--|------------------------------|
| <input type="checkbox"/> Diphenhydramine | <input type="radio"/> PO | <input type="radio"/> 25 mg | <input type="checkbox"/> Acetaminophen | <input type="radio"/> 325 mg |
|  | <input type="radio"/> IV | <input type="radio"/> 50 mg |  | <input type="radio"/> 650 mg |
| <input type="checkbox"/> Other:          |                          |                             |  |                              |

### Actemra (tocilizumab) IV Medication Order

- Actemra (tocilizumab) IV 4 mg/kg every \_\_\_\_ weeks
- Actemra (tocilizumab) IV 6 mg/kg every \_\_\_\_ weeks
- Actemra (tocilizumab) IV 8 mg/kg every \_\_\_\_ weeks
- Other:

### Infusion Reaction Medications

Hypersensitivity Reaction Protocol will be utilized unless otherwise specified

<b>Provider (print name):</b>	<b>Date:</b>
<b>Provider Signature:</b>	<b>NPI:</b>
<b>Office Phone:</b>	<b>Office Fax:</b>

# OUTPATIENT INFUSION CENTERS

## Select an Infusion Center below (check box):

- Glendale Infusion Clinic  
6220 W Bell Road, Glendale AZ 85308
- Osborn NSI Infusion Clinic  
7242 E Osborn Road Ste 340, Scottsdale AZ 85251
- Pima Infusion Clinic  
8405 N Pima Center Parkway Ste 201, Scottsdale AZ 85258

## How to Refer:

- Fax the medication order form along with the selected infusion center form and all necessary documentation to central scheduling and call to set up patient information.
  - Central Scheduling Phone: (623) 434-6138
  - Central Scheduling Fax: (602) 331-5765