

ACTEMRA (TOCILIZUMAB) INFUSION ORDER FORM

Full Name: Date of Birth:

Phone Number: Email Address:

Address:

Weight: lb/kg Allergies: ☐ NKDA ☐

Treatment Status: ☐ New ☐ Continued **Last Treatment Date:**

DIAGNOSIS (ICD-10 SELECTION)

- ☐ M05.79 – Rheumatoid arthritis with rheumatoid factor, involving multiple sites but without organ or systemic involvement
- ☐ M06.9 – Rheumatoid arthritis, unspecified – used when clinical presentation does not specify type
- ☐ M31.6 – Other giant cell arteritis – including temporal arteritis with atypical features or extracranial involvement
- ☐ M34.81 – Systemic sclerosis with lung involvement – includes scleroderma affecting pulmonary function
- ☐ Other: ☐ ICD-10 CODE:

INFUSION ORDER

Dose: ☐ 4 mg/kg ☐ 6 mg/kg (GCA only) ☐ 8 mg/kg (Max 800 mg)

Frequency: ☐ q2w ☐ q4w Duration: ≥60 mins

Refills:

LINE USE & ACCESS

- ☐ Start PIV ☐ Access CVC ☐ Use PICC Line
- ☒ Flush per standard injection protocol

ADVERSE REACTION & ANAPHYLAXIS ORDERS

- ☒ Kaison Infusion Center Protocol (www.kaisoninfusion.com)
- ☐ Other - please fax preferred reaction orders to (405) 237-6305

PREMEDICATION (OPTIONAL)

- ☐ Acetaminophen: 500 mg ☐ 650 mg ☐ 1000 mg ☐ PO ☐ IV
- ☐ Diphenhydramine: ☐ 25 mg ☐ 50 mg ☐ PO ☐ IV
- ☐ Solu-Medrol: ☐ 125 mg ☐ IV
- ☐ Other: Dose: Route:

LABORATORY MONITORING

- ☐ CBC ☐ CMP ☐ CRP ☐ Lipid Panel ☐ LFTs ☐ Other:
- Frequency:** ☐ Each dose ☐ Monthly ☐ Other:
- ☐ Physician office will order labs only

CLINICAL DOCUMENTATION CHECKLIST

- ☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list

ORDERING PROVIDER & DEMOGRAPHICS

Name: NPI: LICENSE #:

Contact: Phone: Fax:

Email: Signature: Date: