ADVANCED
INFUSION CENTER

Tocilizumab (Actemra, Tyenne, Tofidence) Infusion Orders

Patient name: _____ Date of birth: _____
Allergies: _____ Patient weight: _____

Diagnosis – Check One:

☐Rheumatoid Arthritis ☐Polyarticular Juvenile Idiopathic Arthritis

☐Systemic Juvenile Idiopathic Arthritis ☐Acute Graft Versus Host Disease

☐Giant Cell Arteritis ☐CRS ☐Other: _____ ICD 10 Code: _____

Medication Order – List specific medication here: _____

☐ Tocilizumab (or biosimilar) 4mg/kg IV every 4 weeks for ____ dose, followed by 8 mg/kg IV every 4 weeks x 1 year

☐ Tocilizumab (or biosimilar) 4 mg/kg every 4 weeks x 1 year (**DOSE NOT TO EXCEED 800 MG for RA/CRS)

☐ Tocilizumab (or biosimilar) 8mg/kg every 4 weeks x 1 year (**DOSE NOT TO EXCEED 600 MG for GCA)

☐ Tocilizumab (or biosimilar) _____ mg/kg IV every 4 weeks x 1 year

Lab orders:

Diagnosis	Labs
All diagnoses	CBC with differential, LFT, and lipid panel prior to first dose
RA/GCA	CBC with differential, LFT, and lipid panel prior to third infusion All subsequent infusions: CBC with differential every 3 months; LFT every 4-8 weeks for first 6 months of treatment, then every 3 months
PJIA	CBC with differential and lipid panel prior to second dose; then CBC with differential and LFT every 4-8 weeks
SJIA	CBC with differential and LFT prior to second dose; Lipid panel between 4-8 weeks of start of therapy; then CBC with differential and LFT every 2-4 weeks

___ yearly TB screen (optional) ___ Baseline HepBcAB total

Physician signature: _____ Date: _____
Physician name (Please print): _____
Office phone number: Fax:

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