

Tocilizumab (Actemra, Tofidence, Tyenne)

Provider Order Form rev. 8/24/26



PATIENT INFORMATION

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

Patient Name: _____ DOB: _____ Mobile Phone Number: _____
Weight (lbs/kg): ☐ NKDA Allergies: _____
Therapy Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: _____ Next Due Date: _____

REQUIRED SUPPORTING DOCUMENTATION (Please include the following with the order to support processing & insurance approval)

- Patient demographics • Office/progress notes supporting diagnosis including treatment failures • Labs & tests supporting diagnosis • Insurance card(s)
- Recent CBC and LFTs • TB results: If TB results are positive, provide documentation of treatment or medical clearance, and a negative CXR

DIAGNOSIS ICD-10 CODE (Provider must specify)

- ☐ M31.6 Other giant cell arteritis ☐ M06.09 Rheumatoid arthritis without rheumatoid factor, multiple sites ☐ M06.9 Rheumatoid arthritis, unspecified
☐ M06.00 Rheumatoid arthritis without rheumatoid factor, unspecified site ☐ M31.5 Systemic sclerosis-associated interstitial lung disease
☐ Rheumatoid arthritis: M05. _____ M06. _____ ☐ Giant cell arteritis: M31. _____
☐ Other: _____

PRIMARY MEDICATION ORDER

Tocilizumab (Actemra) or other tocilizumab product (as required by patient's health plan)

- Infuse intravenously over 60 minutes
- Flush with 0.9% sodium chloride at infusion completion
- Max dose should not exceed 800mg per infusion in RA patient patients and should not exceed 600mg per infusion in GCA patients
- Refill for 12 months unless otherwise noted: _____

DOSE	FREQUENCY
☐ 4 mg/kg	☐ Every 2 weeks
☐ 6 mg/kg	☐ Every 4 weeks
☐ 8 mg/kg	☐ Other: _____
☐ 10 mg/kg	
☐ 12 mg/kg	

SPECIAL INSTRUCTIONS

APPEALS PROCESS

Upon denial, Arbor Infusion will appeal with a Letter of Medical Necessity unless you opt out: ☐ Opt out (I will manage any denial)

PRE-MEDICATION

Note: pre-meds not typically indicated for Tocilizumab

- ☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO
☐ cetirizine (Zyrtec) 10mg PO
☐ loratadine (Claritin) 10mg PO
☐ famotidine (Pepcid) 20 mg IV
☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV
☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV
☐ Other: _____
Dose: _____ Route: _____

LABORATORY ORDERS

- ☐ CBC ☐ at each dose ☐ every _____
☐ CMP ☐ at each dose ☐ every _____
☐ CRP ☐ at each dose ☐ every _____
☐ Other: _____

NURSING

- Provide nursing care per Arbor Infusion Nursing Procedures, including reaction management and post-procedure observation
- It is recommended that tocilizumab 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

Ordering Provider (Print) _____ Provider Signature _____ Provider NPI _____ Date _____

☐ No change to practice information since the most recent referral or order. If checked, the additional practice information section below may be left blank.

PRACTICE INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____
Referring Practice Name: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ Zipcode: _____

ARBOR INFUSION FAX NUMBERS (Submit a signed order and supporting documentation via fax or email orders@arborinfusion.com)

- ☐ Arbor Infusion Fishers (317) 981-1772