Updated December 3, 2018

Checklist for Actemra (tocilizumab) Referral

Required documentation for all initial referrals

Patient _____DOB_____ Date_____ □ New Start □ Maintenance

Please return **completed** checklist and checklist items for an infusion referral:

- ☐ Patient demographics (e.g. address, phone number, SSN, etc.)
- ☐ Insurance information and copy of insurance card(s). Please indicate the insurance that is primary, and the insurance that is secondary, if applicable, and the subscriber's date of birth.
  - If insurance requires prior authorization, please provide the phone number and allow up to 15-30 days for this to be completed by one of our Infusion Coordinators.
- ☐ Signed and completed Actemra Standard Order (our order form) with ICD diagnosis code
  - *Standard Order forms are available at lowcountryrheumatology.com/infusions/*
- ☐ Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy, and how long patient has been on Actemra.
- ☐ Lab results and/or tests to support diagnosis.
  - Pre-Screening:
    - **Required TB screening results**: PPD *(within 1 year)* or QuantiFERON Gold Test *(within 3 years)*
    - **Required Hepatitis screening *(within 1 year):*** Hepatitis B Surface Antigen, Hepatitis B Surface Antibody, or Hepatitis B Core Antibody results and Hepatitis C Antibody results
    - **Lab results within last 60 days:** CBC with diff, CMP (to include ANC, AST & ALT) and Lipid Panel
    - **Most recent Rapid 3 (if available)**
- ☐ Please indicate name and direct phone number of a contact within your office that we can speak with to obtain any additional information:
  - Name: _____
  - Phone Number: _____

Paperwork can be faxed or emailed to (843)-824-2327, infusionemail@articularishealthcare.com

Infusion Coordinators Brenna, Carlye or Stephanie will assist you with any questions at (843)-572-8932

Low Country Rheumatology Infusion Locations

Please mark preferred location and we will do our best to accommodate, however we cannot make any guarantees.

Summerville
2001 2nd Ave, Suite 201, Summerville, SC 29486

Mount Pleasant
1165 Chuck Dawley Blvd, Mt. Pleasant, SC 29464

West Ashley
2291 Henry Tecklenburg Drive, Charleston, SC 29414

Low Country Rheumatology Infusion Services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our Infusion Coordinators will notify you if any further information is required. The patient will have an annual 30-minute consult with our MD to obtain H&P for chart. We will review financial responsibility with the patient and refer them to any available co-pay assistance as required. Thank you for the referral!

Low Country Rheumatology Use Only Existing Patient Yes____ No____ Physician _____

Updated December 3, 2018

Standard Orders for Actemra (tocilizumab) Administration

Patient _____DOB_____ Date_____

Indication:

☐ MO5.79 RA w/rheumatoid factor of multiple sites w/o organ involvement	☐ MO6.09 RA w/o rheumatoid factor, multiple sites	☐ Other _____

History:

☐ MUST have had inadequate response to DMARD _____ ☐ Unable to tolerate DMARDS

☐ Swollen/tender joints ☐ Rapid 3 ☐ ESR

☐ HBsAg, HBsAb, HB core Ab, HCAb

Standard Order Protocol:

- Confirm current Tspot or CXR; Confirm HbsAg negative
- Obtain patient weight each visit
- Evaluate patient for active infections, prior or upcoming appointments, medication allergies, history of liver disease, history of diverticulitis, or any other current health concerns as noted on Infusion Record
- Normal Saline Flush KVO before infusion.
- Baseline vitals will be obtained prior to administration, and at the end of the infusion (or hourly if infusion > 1 hour length until infusion is complete) and more frequently if patient's condition warrants it.
- **If infusion reaction occurs, slow or stop infusion, and initiate infusion reaction protocol per Articularis Healthcare Policy and Procedure Manual.**
- Discharge instructions to include possible infusion side effects and follow-up appointment schedule

Dosage: Tocilizumab (Actemra) IV infusion should be administered over 60 minutes or greater as tolerated every 4 weeks.

☐ Tocilizumab (Actemra) 4mg/kg in 100ml Normal Saline IV

☐ Tocilizumab (Actemra) 8mg/kg in 100ml Normal Saline IV

Labs: Should be verified as current (within 60 days) and within normal limits prior to each infusion.

DO NOT INITIATE THERAPY IF:	ANC < 2000 cells/ mm^3	Platelets < 100,000mm^3	ALT/AST > 1.5x UNL

Standard Lab Protocol:

- *Do not check labs less than 2 weeks after infusion*
- CBC w/diff and Platelets at weeks 4 and 8; then every 12 weeks
- CMP 14 at weeks 4 and 8; then every 12 weeks
- Lipid Panel at week 8; then every 6 months as maintenance

Neutrophils (cells/mm^3)	During treatment with Actemra
ANC > 1000	Maintain dose
ANC 500 to 1000	Interrupt Actemra dosing When ANC > 1000 cells/mm^3 resume Actemra at 4mg/kg and increase to 8mg/kg as clinically appropriate
ANC < 500	Discontinue Actemra
Platelets	During treatment with Actemra
50,000 to 100,000	Interrupt Actemra dosing When platelet count is > 100,000 cells/mm^3 resume Actemra at 4mg/kg and increase to 8mg/kg as clinically appropriate
< 50,000	Discontinue Actemra
ALT/AST	During treatment with Actemra
> 1.5 to 3x UNL	Reduce Actemra dose to 4mg/kg or interrupt dose until lab values normalize
> 3 to 5x UNL	Interrupt Actemra dosing until <3x UNL and follow recommendations for > 1.5 to 3x UNL
> 5x UNL	Discontinue Actemra

Additional orders/comments:

_____

Practice Name: _____

Physician Name: _____

Physician Signature: _____

Date: _____

NPI: _____

State License: _____

DEA #: _____

UPIN: _____