GREATER BOSTON INFUSION CENTER
17/19 Kendrick St, Wrentham, MA 02093
P 774-581-0032 | F 774-581-0033

Actemra or Biosimilar - Referral Checklist

Referral packet checklist Complete this page and attach the supporting items below.

PATIENT & REFERRING PROVIDER

PATIENT NAME | DOB | DATE

REFERRING PROVIDER | NPI | DIRECT CONTACT / EXT.

OFFICE / PRACTICE | PHONE | FAX

EMAIL | URGENT CLINICAL CONTACT

REQUIRED REFERRAL PACKET

- [ ] Patient demographics and contact information
- [ ] Primary and secondary insurance information; front/back card copies
- [ ] Supporting clinical notes / office visits documenting Actemra or Biosimilar treatment plan
- [ ] Current medication list and allergies
- [ ] Relevant laboratory results / imaging and baseline safety information
- [ ] Completed Actemra or Biosimilar prescribing order (following page)

MEDICATION-SPECIFIC CLINICAL DOCUMENTATION

- Note should include any therapies tried/failed, and must include discussion about Actemra
- Medication list and allergies
- Baseline: Lipid panel, LFTs, neutrophils, platelets, and negative TB screening
- Recommended: negative hepatitis B screening

GBIC INTERNAL USE

REFERRAL RECEIVED | BENEFITS VERIFIED | PA STATUS / THROUGH | SCHEDULED

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Prescribing Order - Actemra (tocilizumab) or Biosimilar

☐ New Start ☐ Maintenance DATE OF LAST DOSE / INFUSION

ORDER DETAILS

DATE OF ORDER | PATIENT NAME | DOB | M/F

DIAGNOSIS / ICD-10 ☐ NKDA PATIENT WEIGHT

ALLERGIES

PREMEDICATIONS

- ☐ Acetaminophen 1000mg PO
- ☐ Loratadine 10mg or Cetirizine 10mg PO
- ☐ Diphenhydramine 25mg PO
- ☐ Diphenhydramine 25mg IV
- ☐ Solu-medrol 125mg IV
- ☐ Other

LAB ORDERS

- ☐ CBC w/diff, CMP every
- ☐ LFTs every
- ☐ Lipid Panel 4-8 weeks after treatment start x 1
- ☐ Other

Prescribing Order - Actemra (tocilizumab) or Biosimilar (continued)

ACTEMRA MEDICATION ORDER:

☐ Infuse Actemra ❑ Infuse Actemra biosimilar as required by patient's insurance

Dosing: ❑ 4mg/kg ❑ 8mg/kg ❑ Other

Frequency: ❑ Every 2 weeks ❑ Every 4 weeks ❑ Other

ADMINISTRATION & MONITORING

- ✓ Mix Actemra or biosimilar in 100ml Normal Saline and administer intravenously over 1 hour.
- ✓ Do not administer if patient has active signs or symptoms of infection.
- ✓ HOLD tocilizumab if most recent ANC <2000, AST/ALT >1.5x normal limit, or platelets <100,000. Notify provider.
- ✓ In case of infusion reaction, STOP infusion and follow GBIC infusion reaction protocol. Notify provider.
- ✓ Signature Date

PROVIDER AUTHORIZATION

ORDERING PROVIDER NAME

NPI

DATE

SIGNATURE

OFFICE PHONE / EXT.

Handwritten or compliant electronic signature