

Actemra Infusion Order (Revised 8/9/2021)

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form.

Required Lab Results: Prior to first infusion Hep B Profile and PPD/Quantiferon Gold (If outside of Atrium, please fax with order, required prior to scheduling)

Infusion Therapy:

Actemra (tocilizumab) **4mg/kg** IV over 60mins

ICD-10 Code: _____

Actemra (tocilizumab) **8mg/kg** IV over 60mins

Frequency: every _____ weeks

Pre-Meds: (Administer 30 Minutes prior to Actemra)

Acetaminophen _____ mg PO x 1

Benadryl _____ mg PO or _____ mg IV x 1 (*if applicable, only choose ONE*)

Loratadine 10mg PO x 1

SoluMedrol _____ mg IV x1

Zofran _____ mg IV x 1

Additional Orders:

PRN Meds:

Zofran 4mg IV every 3 hours PRN nausea/vomiting

Ibuprofen 800mg PO every 8 hours PRN pain

Special Instructions:

- CBC w/ diff, AST, ALT, and Creatinine level 3-5 days prior to each infusion. Lipid panel prior to 1st infusion, then prior to 3rd infusion, and every 6 months thereafter. After the 4th set of labs, if ANC has remained greater than 1000, AST and ALT have remained normal, then patient may have labs done every 3 months.
- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.

Infusion Monitoring:

- Obtain vital signs pre- and post-infusion. Obtain vital signs PRN during infusion.
- Monitor for signs of reaction for 30 mins after completion of 1st infusion and subsequent infusions PRN if previous signs of reaction observed

Physician Name: _____

Physician Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: