

Actemra Infusion Orders (Revised 4/3/21)

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 and PPD/Quantiferon Gold (fax with order, required prior to scheduling), CBC w/ diff 3-5 days prior to each infusion.

Infusion Therapy:

- Actemra _____ 12 mg/kg IV over 60 minutes ICD 10 code: _____
- Actemra _____ 10 mg/kg IV over 60 minutes
- Actemra _____ 8 mg/kg IV over 60 minutes

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 x1
- SoluMedrol _____ mg IV x 1
- Zofran _____ mg IV X 1

Anaphylaxis Medications:

- Epinephrine (1:1000) _____ mg SQ/IM; may be repeated after 5mins
- SoluMedrol _____ mg IV
- Benadryl _____ mg IV

Additional Orders:

Special Instructions:

- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.
- Do not administer if patient has a temperature greater than 100°F, complains of symptoms of acute viral or bacterial illness, or if patient is taking antibiotics for current infection.
- Lab requirements is every three months as long as ANC has remained > 1000 and AST/ALT have remained normal.

Physician Name: _____

Physician Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: