Standard Orders for Actemra Administration

Patient_____ DOB_____ ACCT_____ Date_____

INDICATION:

☐ **M05.79 RA w/ rheumatoid factor of multiple sites w/o organ involvement**	☐ **M06.09 RA w/o rheumatoid factor, multiplsites**	☐ **Other:** _____

HISTORY: ☐ **MUST have had inadequate response to DMARD** _____ ☐ Unable to tolerate DMARDS
☐ Rapid 3 _____ ☐ Swollen/tender joints
☐ ESR _____

Standard Order Protocol

-Confirm current Tspot or CXR ; Confirm HbsAg negative
-Obtain patient weight each visit
-Evaluate patient for active infections, prior or upcoming surgical procedures, 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. After primary drug has infused, 10 ml normal saline to flush tubing/line
-Vital signs every 30 minutes beginning with start of infusion
-**If infusion reaction occurs, slow or stop infusion, and initiate infusion reaction protocol.**
-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

- 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 dosing until <3x UNL and follow reccomendations for > 1.5 to 3x UNL
> 5x UNL	Discontinue Actemra

Additional orders/comments

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Print Physician Name _____

Physician Signature _____ Date_____

Practice Name: _____

NPI:_____