Lake Charles Memorial Health System

1PO

PO_ACTEMRA ORDERS

Last Revised: 04/07/2022

Actemra (Tocilizumab) Order Set for Rheumatoid Arthritis:

Name: _____ DOB: _____ Height: _____ Weight: _____ (kg)
Allergies: _____

Assign as Outpatient

Pre-administration:
*A negative TB skin test or other appropriate documentation of TB status must be faxed to 430-6976 prior to scheduling of appointment for patient.

Labs – TO BE COMPLETED PRIOR TO ARRIVAL IN INFUSION CENTER:
____CBC with differential: ____Prior to every infusion ____Every 3 months
____Every 4 weeks x 3 months then every 3 months thereafter
____CMP: ____Prior to every infusion ____Every 3 months
____Lipid panel with 2nd infusion and then every 6 months (fasting)

Upon arrival to infusion center:
- Check current labs, call MD for ANC < 2000, platelets < 100,000/mm3 and elevated liver enzmes (AST <=44, ALT <=45) for possible interruption of therapy or dosage adjustment
- Screen patients for any active infections prior to administration, if any signs or symptoms of infection present hold and call MD

Premedication:
____diphenhydrAMINE 25 mg IV x 1 dose ____diphenhydrAMINE 25 mg PO x 1 dose
____Acetaminophen 650 mg PO x 1 dose ____methylPREDNISolone 125 mg IV x 1 dose
____Other: _____

Administration:
Patient must be started on 4 mg/kg before increasing to 8 mg/kg. Round dose to the nearest vial size (80 mg, 200 mg, 400mg). Maximum dose = 800 mg
____Infuse tocilizumab 4 mg/kg IV (____mg) every 4 weeks.
____Infuse tocilizumab 8 mg/kg IV (____mg) every 4 weeks.

- Mix tocilizumab in normal saline to a final volume of 100 mL and infuse over 60 minutes.

IV Line Care:
- Normal Saline 10 ml IV flush after each use
- For implanted ports: Heparin 100 units/ml 5 ml IV flush after each use or prior to deaccessing

Discharge when infusion complete

New MD order required every 6 months unless defined in original order

Physician Signature: _____Date/Time:_____