

Actemra (Tocilizumab) Infusion Order

Р	Patient Name:	DOB:			Male \square Female
D	viagnosis (please provide ICD10 code)				
_	☐ Other:				
	NKDA Allergies:				
	New Start Therapy □ Continuation of Therapy	Date of last dose (if applicable):			
С	Ordering Provider:				
Pr	rovider NPI:	Phone:		Fax:	
P	ractice Address:	City:		State:	Zip Code:
_	PRE-MEDICATION			REQUIRED LABS	
	Acetaminophen1000mg PO Solu-Medrol 125mg IVP Diphenhydramine 25mg PO Solu-Cortef 100mg IVP Diphenhydramine 25mg Diphenhydramine 25mg		Ø	TB status and date (plea	se attach results):
		IVP	Ø	Hepatitis B status & dat	e (please attach results):
ACTE	EMRA ORDERS				
	DOSING:				
V	Mix in 100ml 0.9% sodium chloride and administer intra	venous inf	iisic	n over 1 hour	
_					
	Dose: ☐ 4mg/kg ☐ 8mg/kg ☐ 10mg/k	kg 🛮 O	ther	: Pt weight:	
	FREQUENCY:			REFILLS:	
	Every 2 weeks]	
	Every 4 weeks				
	Other:	-		(if not indicated prescription will expire one year from date signed)	
	Noble Infusion Standing Orders:				
Ø	Provide treatment under Noble Infusion's Clinical Guidelines, N Guidelines, and Action Plan for Infusion Reactions.	Medication	Safe [.]	ty Protocol, Emergency	
	Provider Name				
	Provider Signature			 Date	

Serious infections leading to hospitalization or death including tuberculosis (TB), bacterial, invasive fungal, viral, and other opportunistic infections have occurred in patients receiving Actemra. If a serious infection develops, interrupt Actemra until the infection is controlled.

Perform test for latent TB; if positive, start treatment for TB prior to starting Actemra. Monitor all patients for active TB during treatment, even if initial latent TB test is