



Oregon Medical Group Infusion Center

1007 Harlow Road, Springfield, Oregon 97477

Phone: 541-741-0387 Fax: 541-242-4634

Tocilizumab (Actemra) Orders

Name: _____ DOB: _____

Diagnosis/Indication: _____ ICD-10 Code: _____

1. Vital signs: Initial, PRN
2. Peripheral IV site with saline lock, may use existing PICC line or port-a-cath if available.
3. Administer Actemra IV diluted in 100mL 0.9% normal saline over 60 minutes. Maximum dose: 800 mg.

Select one:

- 4 mg/kg
- 8 mg/kg

4. Administer above dose every 4 weeks.
5. Pre-medications to be given 30 minutes prior to infusion (optional)

OMG Infusion Center Pre-Medication Protocol

OR

Administer the following routine pre-medications prior to each infusion

- Acetaminophen (Tylenol) 650 mg PO
- Antihistamine (Select one)
 - Diphenhydramine (Benadryl) 25 mg PO
 - Diphenhydramine (Benadryl) 25 mg IV infusion over < 10 mins
 - Loratadine (Claritin) 10 mg PO
- Methylprednisolone (Solu-Medrol) 40 mg IV infusion over < 10 min, not to exceed 50 mg/min
- Methylprednisolone (Solu-Medrol) 100mg IV infusion over < 10 min, not to exceed 50mg/min
- Ondansetron 4 mg IV **OR** Ondansetron 8 mg IV

Other: _____

6. For infusion reaction (**Must select one to be considered a complete order**)

Acute Infusion Reaction Protocol

Other _____

Hepatitis B (Hep B surface antigen and core antibody total) screening must be completed prior to initiation of treatment and the patient should not be infected. Please send results with order (non-OMG providers). A Tuberculin test must have been placed and read as negative prior to initiation of treatment (PPD or QuantiFERON Gold blood test). Please send results with order (non-OMG providers).

Provider Signature: _____ Date: _____
(NO PROVIDER STAMPS) (Orders expire after 365 days)

Provider's Printed Name: _____ Time: _____