

STANDARD Tocilizumab PLAN OF TREATMENT

(Re) Certification Dates: From: _____ to: _____

NOTE: Patient's appointment to receive Tocilizumab will be rescheduled, if receiving antibiotic for active infectious process due to the possibility of developing a superinfection related to its effect on the immune status, or has a suspected infectious process.

Patient Name _____ **Weight** _____ **Height** _____ **Allergies:** _____

Diagnosis: 714.0 or 714.2 For Rheumatoid Arthritis

My patient has had an inadequate response or failed treatment to: _____
(Indicate TNF therapy that patient has tried and failed)

Premedicate X 1 dose 30 minutes before each infusion with: None or

Acetaminophen 650mg PO Diphenhydramine 50 mg PO Fexofenadine ___ 60 mg ___ 180 mg PO Cetirizine 10mg PO
 Loratadine 10 mg **OR** Premedicate with other _____

Obtain weight each visit.

Vital signs every 30 minutes beginning with start of infusion and 30 minutes after completion.

Instruct patient/caregiver on medications, signs/symptoms of adverse reaction. Assess patient for response to therapy.

If adverse drug reaction, implement the Standing Adverse Reaction Protocol.

Utilize existing central line for administration, or initiate a peripheral IV with each infusion, prn.

Normal Saline Flush 3-10 ml before infusion, after primary drug has infused, Infuse Normal Saline 20-50 ml to flush tubing/line, followed by Heparin 100 units/ml 1 – 5 ml per line type. Pump, tubings, and supplies needed to complete prescribed therapy.

Dose: to be infused over 1 hours or greater as tolerated every 4 weeks

_____ Tocilizumab (Actemra) **4 mg/kg** in NS IV

_____ Tocilizumab (Actemra) **8 mg/kg** in NS IV

Lab Orders: (Should be done prior to each infusion)

_____ **CBC with diff and Platelets and LFT's: initially then every 4 weeks prior to infusion x4, then every 8 weeks with infusion.**
(if dose increased repeat)

_____ **Cholesterol levels initial, then every 4 weeks x4, then every 6 months**

******* DO NOT INFUSE if ANC < 2000/mm on initiation of therapy, ***** HOLD dose if Liver enzymes >3-5 X ULN*******

Ongoing treatments:
If ANC >1000 Maintain dose
If ANC 500 to 1000: Interrupt Tocilizumab dosing. When ANC >1000 cells/mm³ resume Tocilizumab at 4 mg/kg and increase to 8 mg/kg as clinically appropriate
ANC <500 Discontinue Tocilizumab,
Platelet Counts 50,000 to 100,000: Interrupt Tocilizumab dosing. When platelet count is >100,000 cells/mm³ resume Tocilizumab at 4 mg/kg and increase to 8 mg/kg as clinically appropriate
<50,000 Discontinue Tocilizumab

OTHER: Pharmacist to perform clinical drug monitoring.

(No Stamped Signatures, Please)

Physician's Signature: _____ Date: _____
(Dispense as written) (Substitution permitted)

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Patient should have a negative PPD within 6 months, or documented absence of active TB.

Does the patient have a history of (circle each): TB SOB Cough Night Sweats Fever Weight Loss None

Has the patient had recent exposure to TB or been out of the country in the past month? ___ Yes ___ No

Does the patient have a family history of TB? ___ Yes ___ No

Has the patient had a PPD test? ___ Yes ___ No Date _____ Results _____

Chest X-Ray ___ Yes ___ No Results: _____ Previous Treatment for TB? ___ Yes ___ No