Palmetto Infusion Services

MRN:_____

Phone: 800-809-1265

STANDARD ACTEMRA PLAN OF TREATMENT for Pediatrics - (over 2 years of age)

(Re) Certification Dates from: _____ to: _____

NOTE: Patient is ***ineligible*** to receive Tocilizumab if receiving antibiotic for active infectious process (due to the possibility of developing a super-infection related to its effect on the immune status), or if he/she has a suspected infection.

Patient Name _____ DOB: _____ Weight: _____ Height: _____

Allergies: _____

Diagnosis: ☐ 714.3___ Polyarticular Juvenile Idiopathic Arthritis or ☐ 714.3___ Systemic Juvenile Idiopathic Arthritis

Premedicate: ☐ None **OR** **30 minutes prior to infusion with:** ☐ Acetaminophen _____mg PO ☐ Diphenhydramine _____ mg PO

☐ Premedicate with other: _____

Obtain weight each visit. Vital signs every 30 minutes beginning with start of infusion and 30 minutes after completion for first 3 doses. Instruct patient/caregiver on medications, signs/symptoms of adverse reaction. Assess patient for response to therapy. 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 10 units/ml or 100 units/ml 1 – 5 ml per line type and frequency. Pump, tubings, and supplies needed to complete prescribed therapy.

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

Dose: to be infused over 1 hour or greater as tolerated

Dosage for Polyarticular JIA: Infuse every 4 weeks

☐ Less than 30 KG weight- 10mg/kg in 50 ml NS

☐ At or above 30 KG weight- 8mg/kg in 100ml NS

Dosage for Systemic JIA: Infuse every 2 weeks

☐ Less than 30 kg weight- 12 mg/kg in 50 ml NS

☐ At or above 30 kg weight- 8mg/kg in 100 ml NS

Lab Orders: Cholesterol levels initial, then 4 weeks after initial draw, then every 6 months

Lab Orders for Polyarticular JIA:
CBC with diff, platelets, ALT and AST at initial and second infusion, then every 8 weeks.

Lab Orders for Systemic JIA:
CBC with diff, platelets, ALT and AST at initial and second infusion, then every 4 weeks.

******** DO NOT INFUSE if ANC < 2000/mm on initiation of therapy, *** HOLD dose if Liver enzymes >3-5 ULN***
********ALT or AST > 1.5 x ULN***** Platelet count below 100,000/mm3***

Ongoing treatments: ANC >1000 cells/mm$_3$ maintain dose; ANC 500 to 1000 interrupt Tocilizumab dosing; ANC >1000 resume Tocilizumab; ANC <500 discontinue Tocilizumab

Platelet Counts 50,000 to 100,000 cells/mm$_3$ interrupt Tocilizumab dosing; Platelet Count >100,000 resume Tocilizumab; Platelet Count <50,000 discontinue Tocilizumab

Other: Pharmacist to perform clinical drug monitoring.

(No Stamped Signatures, Please)

Physician's Signature: _____ _____ Date: _____

(Dispense as written) (Substitution permitted)

Print Physician Name: _____

PLEASE FAX DEMOGRAPHICS AND INSURANCE INFORMATION TO 866-872-8920

Patient should have a negative PPD within 6 months, documented absence of active TB, as well as documented Hep B surface antigen.

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 Chest X-Ray: ☐ Yes ☐No Results: _____

Has the patient had a PPD test? ☐Yes ☐No Date _____ Results _____ **Palmetto must have copy on file**

Any previous treatment for TB? ☐Yes ☐No

Has patient received ***TNF therapy in past 6 months?*** ☐Yes ☐No Therapy: _____ Last date Received:_____

Hep B surface antigen drawn: ☐Yes ☐No Please fax results with referral along with PPD results

Rev 4/15/14