

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/mm³ 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/mm³ 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