

# McLeod Health

## Tocilizumab (Actemra) Treatment Plan

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_ Allergies: \_\_\_\_\_

Patient Primary Phone Number: \_\_\_\_\_

**Diagnosis (select one and complete the 2<sup>nd</sup> and 3<sup>rd</sup> digits to complete the ICD-10 code):**

M05. \_\_\_\_\_ Rheumatoid Arthritis with Rheumatoid factor

M06. \_\_\_\_\_ Rheumatoid Arthritis without Rheumatoid factor

Other: ICD 10 Code: \_\_\_\_\_ Diagnosis Description: \_\_\_\_\_

**Pre-Medications:** \*\*administered 30 minutes prior to infusion\*\*

None

Acetaminophen 650 mg PO

Diphenhydramine: Dose:  25 mg  50 mg Route:  PO or  IVP

Methylprednisolone: Dose:  40 mg or  125 Route: IVP

Famotidine: Dose: 20 mg Route:  PO or  IVPB

Other (include drug, dose, and route): \_\_\_\_\_

**Drug Orders:**

- Tocilizumab (Actemra) (J3262) per 100 mL Sodium Chloride 0.9% IV to infuse over 1 hour

Induction: 4 mg/kg and then maintenance dose of  4 mg/kg or  8 mg/kg every 4 weeks

Maintenance:  4 mg/kg or  8 mg/kg every 4 weeks

- Order Duration: One year unless otherwise specified (Other: \_\_\_\_\_)

**Lab Orders:** \*\*Selected labs are drawn with first dose and then every 12 weeks thereafter. Standard parameters listed on following page\*\*

CBC w/ Diff  CMP  LFTs  Cholesterol level

**Standing Orders:**

- Infusion Reaction Protocol (CPOE-1396) will be activated if any hypersensitivity reaction occurs, including anaphylaxis. Infusion will be stopped and physician notified.
- Appropriate access and line care orders per health system policy

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### **Pre-Screening Requirements:**

- Provide TB screening results (PPD or QuantiFERON Gold Test) prior to start of therapy and within last 12 months
- Provide Hepatitis screening (Hepatitis B Surface Antigen) prior to start of therapy and within last 12 months
- Lab results (CBC w/ Diff, LFTs, Cholesterol) within last 30-60 days if available. If not provided, they will be drawn prior to treatment as ordered by physician

### **Lab Parameters:**

- If ANC= 500-1000 cells/mm<sup>3</sup>, interrupt tocilizumab dosing and have patient return in 4 weeks. Tocilizumab may be resumed at 4 mg/kg when ANC> 1000 cells/mm<sup>3</sup>. May increase to 8 mg/kg as clinically appropriate. If ANC <500 cells/mm<sup>3</sup>, discontinue tocilizumab and notify physician.
- If Platelet count= 50,000-100,000 cells/mm<sup>3</sup>, interrupt tocilizumab dosing and have patient return in 4 weeks. Tocilizumab may be resumed at 4 mg/kg when Platelet count> 100,000 cells/mm<sup>3</sup>. May increase to 8 mg/kg as clinically appropriate. If Platelet count< 50,000 cells/mm<sup>3</sup>, discontinue tocilizumab and notify physician.
- If liver enzymes are > 3-5 x upper limit normal, hold tocilizumab and notify physician.
- If Cholesterol level is elevated, notify physician for monitoring.

### **Previous Therapies:**

- For new patient referrals, please send history and physical and most recent physician note with completed plan
- If patient has previously received tocilizumab at another facility, please provide last date received: \_\_\_\_\_
- If patient has previously received another biologic therapy, please provide the name: \_\_\_\_\_  
and the last date received: \_\_\_\_\_

### **Insurance Information:**

Insurance Plan Name: \_\_\_\_\_

Insurance Identification Number: \_\_\_\_\_

Insurance Customer Service Contact Number: \_\_\_\_\_

### **Preferred Treatment Location**

<input type="checkbox"/> McLeod Regional Medical Center (Florence)	<input type="checkbox"/> McLeod Health Loris	<input type="checkbox"/> McLeod Health Cheraw
<input type="checkbox"/> McLeod Health Seacoast (Little River)	<input type="checkbox"/> McLeod Health Dillon	<input type="checkbox"/> McLeod Health Clarendon (Manning)

**Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at [medicationaccessteam@mcleodhealth.org](mailto:medicationaccessteam@mcleodhealth.org).**