Clearwater: Phone: 727.977.9717 I Fax: 727.977.9717
Tampa: Phone: 813.775.9997 I Fax: 813.775.9997
Email: intake@sageinfusion.com I Online: www.sageinfusion.com

Actemra (Tocilizumab) Infusion Order

Patient Name: DOB: ☐ Male ☐ Female

Diagnosis (please provide ICD10 code)

☐ Other:

☐ NKDA Allergies:

☐ New Start Therapy ☐ Continuation of Therapy Date of last dose (if applicable):

Ordering Provider:

Provider NPI: Phone: Fax:

Practice Address: City: State: Zip Code:

PRE-MEDICATION

☐ Acetaminophen1000mg PO ☐ Solu-Medrol 125mg IVP
☐ Diphenhydramine 25mg PO ☐ Solu-Cortef 100mg IVP
☐ Ceterizine 10mg PO ☐ Diphenhydramine 25mg IVP

REQUIRED LABS

☑ TB status and date (please attach results):

_____

☑ Hepatitis B status & date (please attach results):

_____

ACTEMRA ORDERS

DOSING:

☑ Mix in 100ml 0.9% sodium chloride and administer intravenous infusion over 1 hour

Dose: ☐ 4mg/kg ☐ 8mg/kg ☐ 10mg/kg ☐ Other: _____ Pt weight: _____

FREQUENCY:

☐ Every 2 weeks
☐ Every 4 weeks
☐ Other: _____

REFILLS:

☐ _____

(if not indicated prescription will expire one year from date signed)

Sage Infusion Standing Orders:

☑ Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

_____

Provider Name

_____ _____

Provider Signature Date

Serious infections leading to hospitalization or death including tuberculosis (TB), bacterial, invasive fungal, viral, and other opportunistic infections have occurred in patients receiving Actemra. If a serious infection develops, interrupt Actemra until the infection is controlled.
Perform test for latent TB; if positive, start treatment for TB prior to starting Actemra. Monitor all patients for active TB during treatment, even if initial latent TB test is negative.