



(tocilizumab)

# ACTEMRA infusion orders

Patient Name

DOB

Phone

M

F

## DIAGNOSIS *Please provide ICD-10 code*

Rheumatoid Arthritis (RA)

Cytokine Release Syndrome (CRS)

Giant Cell Arthritis (GCA)

*(other)*

Polyarticular Idiopathic Arthritis in > 2yro (PJIA)

Systemic Juvenile Idiopathic Arthritis (SJIA)

## PRE-MEDICATION

Tylenol 1000mg PO

Cetirizine 10mg PO

Diphenhydramine 25mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

*(other)*

## ACTEMRA ORDERS

### DOSAGE

Initial dose of 4mg/kg every 4 weeks, then 8mg/kg every 4 weeks  
*(induction)*

4mg/kg every 4 weeks

8mg/kg every 4 weeks

### PATIENT WEIGHT

lbs.

kg

## NOTES

## ORDERING PROVIDER

Signature X \_\_\_\_\_

Date

Provider

Phone

Fax