



ACTEMRA (tocilizumab) 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

Solu-Medrol 125mg IVP

Cetirizine 10mg PO

Solu-Cortef 100mg IVP

Diphenhydramine 25mg PO

Diphenhydramine 25mg IVP

(other)

ACTEMRA ORDERS

DOSAGE	PATIENT WEIGHT
Initial dose of 4mg/kg every 4 weeks for _____ treatments	lbs.
then 8mg/kg every 4 weeks <i>(induction dosing)</i>	kg
4mg/kg every 4 weeks	
8mg/kg every 4 weeks	

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider

Phone

Fax