

Tocilizumab (or biosimilar) 4 mg/kg every 4 weeks

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare) Diagnosis: _____

Review: Every 358 days

Orders

	Interval	Defer Until	Duration
Provider Communication			
☒ Provider communication	Every 28 days		Until discontinued
Until discontinued Starting when released Until Specified			
Hepatitis B (Hep B surface antigen and core antibody total) screening must be completed prior to initiation of treatment and the patient should not be infected.			
A Tuberculin test must have been placed and read as negative prior to initiation of treatment (PPD or QuantiFERON Gold blood test). Please send results with order. If result is indeterminate, a follow up chest X-ray must be performed to rule out TB.			
COPD is the most frequent side effect of abatacept therapy. Providers should, inform patients with COPD of the risk for exacerbation and consider excluding them from therapy. At a minimum, frequent monitoring is recommended.			
Patients should have regular monitoring for TB, infection, malignancy, neutropenia (ANC), thrombocytopenia, elevated lipids, and liver abnormalities throughout therapy.			

Supplemental Labs

☐ Hepatitis B Screening Labs			
☒ Hepatitis B Surface Antigen	Every 365 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Hepatitis B Surface Antibody Quant	Every 365 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Hepatitis B Core Antibody, Total	Every 365 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ TB Screening Labs			
☐ QUANTIFERON TB GOLD	Every 365 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ TB Skin Test	Every 365 days		Until discontinued
Routine, Once Starting when released, Miscellaneous			
Release to patient: Immediate			
Point Of Care			
☐ Read PPD	Every 365 days		Until discontinued
Routine, Once Starting when released, Miscellaneous			
Release to patient: Immediate			

Point Of Care	Interval	Defer Until	Duration
Labs			
☒ CBC and differential Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine	Every 28 days		Until discontinued
☒ Comprehensive metabolic panel Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine	Every 28 days		Until discontinued
☒ Lipid panel Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine	Once	S+28	1 treatment
Nursing Orders			
☒ Treatment conditions Until discontinued Starting when released Until Specified Hold treatment and contact provider if Hepatitis B surface antigen or core antibody total test result is positive, TB test result is positive, or if screening has not been performed.	Once		1 treatment
☒ Treatment conditions Until discontinued Starting when released Until Specified HOLD treatment and notify provider if ANC LESS THAN 2000 Platelet LESS THAN 100,000 ALT or AST GREATER THAN 1.5 x ULN	Every 28 days		Until discontinued
☒ Treatment conditions Until discontinued Starting when released Until Specified Hold treatment and contact provider if patient has signs and symptoms of infection (fever, skin infection, need for antibiotics etc).	Every 28 days		Until discontinued
☒ Nursing communication Until discontinued Starting when released Until Specified Monitor and record vital signs, tolerance, and signs and symptoms of reactions prior to infusion and at the end of infusion.	Every 28 days		Until discontinued
Pre-Medications			
☐ loratadine (Claritin) tablet 10 mg 10 mg, oral, Once	Every 28 days		Until discontinued
Therapeutic Medications			
☒ tocilizumab and biosimilars (Actemra and biosimilars) infusion 4 mg/kg 4 mg/kg, intravenous, Once Do NOT shake. Remove air from bag to prevent foaming. Stable for 24 hours at room temp. Monitor for anaphylaxis - most often occurs during the 2nd, 3rd, or 4th doses. Monitor for signs of infection, low ANC, low platelet count, elevated liver enzymes, and/or elevated lipids.	Every 28 days		Until discontinued
Medications			
☒ acetaminophen (Tylenol) tablet 650 mg 650 mg, oral, Once as needed, headaches, fever, chills, or malaise, Starting when released, Until Discontinued	PRN		Until discontinued
☒ diphenhydramine (BENADryl) 25 mg 25 mg, oral, Once as needed, itching - 1st line, rash, Starting when released, Until Discontinued Give diphenhydramine if patient has transportation. Give either loratadine or diphenhydramine, not both.	PRN		Until discontinued
☒ loratadine (Claritin) tablet 10 mg 10 mg, oral, Once as needed, For itching or rash if diphenhydramine is not given, Starting when released, Until Discontinued Give loratadine if patient does NOT have transportation. Give either loratadine or diphenhydramine, not both.	PRN		Until discontinued
Emergency Medications			
☒ Nursing communication	Every 28 days		Until discontinued

	Interval	Defer Until	Duration
STAT, Until discontinued Starting when released Until Specified If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.			
☒ Vital Signs	Every 28 days		Until discontinued
STAT, Every 15 min Starting when released If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.			
☒ Nursing communication	Every 28 days		Until discontinued
Once Starting when released If hypersensitivity reaction occurs: - Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible - Start 2 liters oxygen per nasal cannula and maintain airway - Change and maintain IV line with 1000 mL 0.9% Normal Saline			
☒ sodium chloride 0.9 % infusion	Every 28 days		Until discontinued
30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day			
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg	Every 28 days		Until discontinued
2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day			
☒ albuterol HFA 90 mcg/act inhaler 2 puff	Every 28 days		Until discontinued
2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL			
☒ acetaminophen (Tylenol) tablet 650 mg	Every 28 days		Until discontinued
650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus			
☒ diphenhydrAMINE (BENADryl) injection 25 mg	Every 28 days		Until discontinued
25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus			
☒ diphenhydrAMINE (BENADryl) injection 50 mg	Every 28 days		Until discontinued
50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg	Every 28 days		Until discontinued
100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus - OR - For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg	Every 28 days		Until discontinued
0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			

Appointment Requests

☒ Infusion Appointment Request	Every 28 days	Until discontinued
Status: Once, Expected: S, Sched. Duration: 90 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after		

*Provider signature

Provider printed name

*Date

Time

*Provider phone#

***Denotes field that must be completed by healthcare worker**