

(tocilizumab)



ACTEMRA infusion orders

Patient Name _____

DOB _____

Phone _____

M

F

DIAGNOSIS *Please provide ICD-10 code*

Rheumatoid Arthritis

(other) _____

PRE-MEDICATION

Tylenol 1000mg PO

Solu-Medrol 125mg

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, then 8mg/kg every 4 weeks (induction)	lbs.
4mg/kg every 4 weeks	kg
8mg/kg every 4 weeks	

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider

Phone

Fax