ACTEMRA INFUSION ORDERS Patient Name:_____

Date of Birth:_____

Diagnosis: Moderate to severe active Rheumatoid Arthritis with inadequate response to one or more disease−modifying antirheumatic drugs (DMARDs).

NOTE: *Screen patients at each visit for active infection before any treatment is given, including TB, hepatitis, recent admission or treatment for diverticulitis. If active infection present, notify physician immediately.*

All orders will be enacted unless a specific order is written to the contrary:

1. RN to review "Med Guide" with patient prior to each treatment
2. Patient weight prior to infusion
3. Live vaccinations should not be given concurrently with Actemra.
4. Confirm the following:

- Labs required prior to scheduling initial infusion (within the last month): CBC with diff, ALT, AST, and lipid panel. Do not initiate therapy if Absolute Neutrophil Count (ANC) is less than 2000/mm³ (2.0 K/microliter), if platelets are less than 100,000/mm³ (100 K/microliter), or if ALT or AST are greater than 1.5 times the upper limit of normal (ULN).
- Monitor CBC with diff, ALT and AST 4−8 weeks after start of therapy and every 3 months thereafter.
- Assess lipid parameters approximately 4−8 weeks after start of therapy and then approximately every 6 months.

Please check to activate: (NOTE: Max dose 800mg)

5. **Dose:** ❒ Infuse 4 mg/kg= _____mg every 4 weeks initially
   ❒ Increase to 8mg/kg =_____mg every 4 weeks based on clinical response

6. ***The following orders will be enacted unless a specific order is written to the contrary:***

Infusion reaction protocol:

For ***MINOR*** infusion reaction (fever, flushing, chills):

- Stop infusion for 10 minutes
- Restart infusion at 10ml/hour for 15 minutes, then increase rate schedule per protocol

For ***MODERATE*** infusion reaction (pruritis, uticaria, arthralgia, rash, nausea/vomiting):

- STOP infusion
- Give diphenhydramine 25mg IV x 1. May repeat X 1 in 10 minutes if reaction does not subside.
- Restart infusion only if patient is asymptomatic and vital signs are stable within 15 minutes.
- Notify physician

For ***SEVERE*** infusion reaction or anaphylaxis (hypotension, hypertension, chest pain, dyspnea, wheezing, palpitations):

- **STOP administration of Actemra immediately**
- **For ANAPHYLAXIS**: Epinephrine (EpiPen) 0.3 mg (0.3 ml) IM x 1 STAT, administered into anterolateral aspect of the thigh
- For **HYPOTENSION**: Bolus IV 0.9% Sodium Chloride 1000 ml over 1 hour
- Diphenhydramine (Benadryl) 25mg IV X 1 dose
- Methylprednisolone (Solu−Medrol) 125 mg IV x 1 dose
- Notify physician
- Transport the patient to the emergency department

_____ _____

Physician Signature **Date / Time**

Short Stay Schedule (for office use only):

Every 4 weeks:

_____

_____

_____

REFERENCE: Dose modification based on laboratory changes: * (Nursing to notify provider for adjustment)

Liver Enzyme Abnormalities:

- Greater than 1 to 3x upper limit of normal (ULN): Dose modify concomitant Disease−modifying antirheumatic drugs (DMARDs) if appropriate. For ***persistent*** increases in this range reduce IV Actemra dose to 4 mg/kg or HOLD Actemra until ALT/AST have normalized.
- Greater than 3 to 5x ULN (confirmed by repeat testing): HOLD Actemra until less than 3x ULN, then follow recommendations above for greater than 1 to 3x ULN. For ***persistent*** increases greater than 3x ULN: **discontinue Actemra.**
- **Greater than 5x ULN: Discontinue Actemra.**

Low Absolute Neutrophil Count (ANC):

- ANC greater than 1000/mm^3 (1.0 K/microliter): Maintain dose.
- ANC 500−1000/mm^3 (0.5 − 1.0 K/microliter): HOLD Actemra. When ANC greater than 1000/mm^3 (1.0 K/microliter), resume IV Actemra at 4 mg/kg and contact provider to increase to 8 mg/kg as clinically appropriate.
- **ANC less than 500/mm^3 (0.5 K/microliter): Discontinue Actemra.**

Low Platelet Count:

- 50,000 − 100,000mm^3 (50−100 K/microliter): HOLD Actemra. When platelet count is greater than 100,000mm^3 (100 K/microliter), resume IV Actemra at 4 mg/kg and contact provider to increase to 8 mg/kg as clinically appropriate.
- **Less than < 50,000/mm^3 (50 K/microliter): Discontinue Actemra.**