## MHS Home/Alternate Site Infusion Services Tocilizumab or Biosimilar Infusion Order Set

Tocilizumab or Biosimilar Infusion Order Set				
ALL ORDERS MUST BE SIGNED AND DATED BY PRESCRIBING PROVIDER				
Patient Name:	DOB:/	/	Weight:	lb/kg
Patient Phone Number: ()			//	
Patient Allergies:				
Diagnosis:       ICD – 10 Code:         • Z45.2: Encounter for adjustment and management of vascular access device         • Z95.828: Presence of other vascular implants and grafts				
Baseline Labs Required:       • CBC/CMP       Date:/       Result:         (do not initiate if ANC < 2000; platelets < 100k, and/or liver enzymes > 1.5 x ULN)       • Latent TB testing       Date:/				
<ul> <li>Maintenance Labs Required:</li> <li>CBC and CMP every 8 weeks – Hold infusion and notify provider for ANC &lt; 1000; platelets &lt; 100k; and/or liver enzymes &gt; 1.5 x ULN</li> <li>Lipid panel at 8 weeks after initiation of medication, then every 6 months</li> <li>Latent TB testing every 12 months</li> </ul>				
Lab Orders:				
Additional Requirements: In addition to order, please include H&P with documentation to support diagnosis. Must include ICD-10 Code(s) and supporting labs. ** Emergency phone number for provider (required) **				
Provider Order for Tocilizumab or Biosimilar Infusion				
ORDERS WITH CHECK BOXES When an order is optional (those with check boxes), providers are responsible for indicating a check mark in the box next to the order. Orders left unchecked will not be initiated.				
Biologic Infusion: Tocilizumab or Biosimilar administered in a total volume of 100 mL NS over 60 minutes via infusion pump every 4 weeks. (pharmacy will dispense MultiCare or insurance preferred product)				
Dose: 🗆 4 mg/kg 🛛 6 mg/kg 🗌 8 mg/kg	Weight:		kg	
Pharmacy will notify provider and may adjust dose for weight changes of more than 10% from patient's baseline. Pharmacy will round dose to nearest vial size. Maximum dose = 800 mg.				
** For Pharmacy Use Only: Initial Dose = mg				
<ul> <li><u>Additional Medications</u>:</li> <li>0.9% NaCl (NS) PF flush in 10 mL syringe: Administer 5 – 30 mL IV as needed for establishing and maintaining IV access and for flushing IV line post infusion.</li> <li>Heparin: 100 units/mL for port OR 10 units/mL for other central line/midline, 3-5 mL PRN for de-accessing line.</li> <li>Cathflo (alteplase) 2 mg: Instill 2 mg (2 mL) into occluded catheter as needed for CVC/CVAD occlusion.</li> <li>Diphenhydramine 25 mg IV once, as needed for itching.</li> <li>Accetaminophen 325-650 mg tab/cap by mouth once, as needed for pain.</li> </ul>				
CONTINUED ON NEXT PAGE				
FOR MHS HOME/ALTERNATE SITE INFUSION SERVICES USE ONLY				
Patient Identification: Name: MRN: DOB:	Pre-printed order – Page 1 of 2 Tocilizumab or Biosimilar Order Set MultiCare			

## **Skilled Nurse Interventions:**

- Admit (first visit) patient to services for home infusion therapy of Tocilizumab or Biosimilar.
- Complete Skilled Nurse Visit with each infusion for ongoing home infusion therapy of Tocilizumab or Biosimilar.
- Obtain vital signs (TPR & B/P) at baseline and at completion of infusion.
- Obtain patient weight at each visit.
- Establish IV access and flush per policy to maintain patency.
- Draw labs as ordered.
- Add Tocilizumab or Biosimilar to a total volume of 100 mL sodium chloride 0.9% (NS).
- Infuse Tocilizumab or Biosimilar as prescribed.
- Once infusion complete, flush IV line with sodium chloride 0.9% (NS) as prescribed.
- If vital signs are stable after infusion, Skilled Nurse will discontinue IV access and complete visit.

## If Hypersensitivity Reaction Develops (fever, chills, hypotension, rigors, itching, rash, etc.):

The Skilled Nurse will:

- STOP THE INFUSION.
- Administer emergency medications as prescribed (below).
- For mild infusion reaction, may restart the infusion at a slower rate (verified with pharmacist) if symptoms resolve with medication.
- Contact Emergency Medical Services (EMS/911) if indicated.
- Increase vital sign monitoring to every 5 minutes.
- Contact provider via emergency phone number for additional instructions.
- Notify MHS Home/Alternate Site Infusion Pharmacist AND Nurse Supervisor.

Emergency Medications: To be administered by skilled nurse as needed for hypersensitivity reactions.

- Diphenhydramine 50 mg/mL solution: Inject 0.5 mL (25 mg) into the vein via slow IV push over at least 2 minutes as needed for rash, itching, hives, flushing of skin, and/or mild-to-moderate hypersensitivity reaction. May give IM if no IV access is available. Max dose = 50 mg.
- Methylprednisolone sodium succinate (SOLU-MEDROL) 125 mg/2 mL Recon Soln: Inject 2 mL (125 mg) into the vein as a slow IV push over at least 3 minutes once, as needed for hives, flushing of the skin, shortness of breath, chest tightness, tachycardia (HR>140 bpm), and/or moderate-to-severe hypersensitivity reaction. May give IM if no IV access is available.
- EPINEPHrine (Adrenalin) 1 mg/mL solution: Inject 0.3 mL (0.3 mg) intramuscular every 5-15 minutes as needed (maximum 3 doses) for severe allergic reaction or anaphylaxis AND call 911 and provider.
- Acetaminophen (Tylenol) 325 mg tab: Take 2 tablets (650 mg) by mouth as needed for fever (PRN for temperature > 101F/38.3C) and/or mild-to-moderate hypersensitivity reaction.
- 0.9% NaCl (NS) solution: Infuse 500 mL into the vein via gravity as needed at a rate needed to maintain IV access.
- Oxygen: Initiate oxygen by RN PRN chest pain or dyspnea to keep SpO2>90%. For 1-6 LPM, use NC. For 6-10 LPM, use simple mask.

Code Status: Please note, patients will be considered FULL Code unless marked otherwise. If the patient has a POLST, advance directive or living will, please include a copy with the orders.				
Was consent obtained: 🗆 Yes 🗆 No (if yes, please send DOCUMENTATION of consent with order)				
I certify that this patient is safe and appropriate to receive therapy from Home Infusion Services.				
Provider Signature: Printed	Name: Date:			
NPI: Orders expire in 12 months unless otherwise specified:				
Provider/Clinic Information: Address:	Return completed orders to: MultiCare Home/Alternate Site Infusion Services 253-459-6650 (phone) / 253-864-2785 (fax)			
Phone #: Fax#:				
FOR MHS HOME/ALTERNATE SITE INFUSION SERVICES USE ONLY				
<b>Patient Identification:</b> Name: MRN: DOB:	Pre-printed order – Page 2 of 2 Tocilizumab or Biosimilar Order Set MultiCare Revised 11/24			