

# Keytruda® (pembrolizumab) Referral Form



**Patient Preferred Clinic** (select one):

## PATIENT INFORMATION

**Referral Status:**

New Referral

Updated Order

Order Renewal

DOB:	Patient Name:	Patient Phone:	
Patient Address:		Patient Email:	
NKDA Allergies:	Weight (lbs/kg):	Height:	
ICD-10 code (required):	ICD-10 description:	Last Treatment Date:	Last 4 SSN:

## PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

## NURSING

Infusion to be administered per Vivo protocols.

## KEYTRUDA THERAPY ADMINISTRATION

### LABORATORY ORDERS

CBC At each dose Every \_\_\_\_\_  
CMP At each dose Every \_\_\_\_\_  
CRP At each dose Every \_\_\_\_\_  
OTHER \_\_\_\_\_

200 mg every 3 weeks

400 mg every 6 weeks

*\*\*Pregnancy screening will be done at each appointment per Vivo protocols*

### PREMEDICATIONS

- acetaminophen (Tylenol)  500mg /  650mg /  1000mg PO
- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- diphenhydramine (Benadryl)  25mg /  50mg  PO /  IV
- methylprednisolone (Solu-Medrol)  40mg /  125mg IV
- hydrocortisone (Solu-Cortef)  100mg IV
- Other: \_\_\_\_\_  
Dose: \_\_\_\_\_ Route: \_\_\_\_\_  
Frequency: \_\_\_\_\_

### REQUIRED DOCUMENTATION

**Patient Demographics**

**Insurance Card/Information**

**Progress Notes Supporting DX**

**Current Medication List and H&P**

**CMP within last 3 months**

\*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. \*\*Order is valid for one year unless otherwise noted\*\*

Provider Name (Print)

Provider Signature

Date

## Fax Numbers

Virginia: 804-500-5941	Nevada: 702-489-5744	Massachusetts: 800-540-1852
Colorado: 303-418-4679	New Jersey: 609-955-3711	Pennsylvania: 215-399-9244
Florida: 904-930-4211	Ohio: 216-400-0674	New York: 800-540-1852
Texas: 469-340-0044	Oklahoma: 918-770-4421	Connecticut: 203-724-4838

**Have a Question? (720) 902-4111**  
**Email Referrals To: [referrals@vivoinfusion.com](mailto:referrals@vivoinfusion.com)**  
**Email Specialty Referrals to: [info@specialtyinfusion.com](mailto:info@specialtyinfusion.com)**

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