

# ACTEMRA® (tocilizumab) 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.

## LABORATORY ORDERS

CBC	At each dose	Every _____
CMP	At each dose	Every _____
CRP	At each dose	Every _____
OTHER		

*\*\*Vivo Infusion will perform pregnancy screening prior to every infusion per Vivo policy*

## PREMEDICATIONS

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

## ACTEMRA THERAPY ADMINISTRATION

4mg/kg IV every 4 weeks with max dose of 800 mg for weight >200 kg  
6mg/kg IV every 4 weeks with max dose of 600 mg for weight >100kg  
*\*GCA ONLY\**  
8 mg/kg IV every 4 weeks with max dose of 800 mg for weight >100kg.

## REQUIRED DOCUMENTATION

<b>Patient Demographics</b>	<b>Hep B Surface Antigen</b> ( within 36months)
<b>Insurance card/Information</b>	<b>TB results</b> (within 6 months)
<b>Progress Notes supporting DX</b>	<b>Complete Blood Count</b>
<b>Medication List and H&amp;P</b>	<b>Comprehensive Metabolic Panel</b>

*\*\*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
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## Fax Numbers

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