

Actemra® (tocilizumab) Referral Form



Preferred Clinic (select one):

PATIENT INFORMATION

Referral Status: New Referral Updated Referral Referral 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 Digits 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: _____

REQUIRED DOCUMENTATION

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

ACTEMRA THERAPY ADMINISTRATION

4mg/kg IV every 4 weeks with max dose of 800 mg
6mg/kg IV every 4 weeks with max dose of 600 mg **GCA ONLY**
8 mg/kg IV every 4 weeks with max dose of 800 mg

PJIA Indication:
Less than 30 kg: 10 mg/kg every 4 weeks
Greater than or equal to 30 kg: 8 mg/kg every 4 weeks

SJIA Indication:
Less than 30 kg: 12 mg/kg every 2 weeks
Greater than or equal to 30 kg: 8 mg/kg every 2 weeks

Other Instructions:

*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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Email Referrals To: referrals@vivoinfusion.com OR Fax Below		Have a Question? Call (720) 902-4111	
Colorado: 303-418-4679	Michigan: 833-957-2188	New York: 800-540-1852	Texas: 469-340-0044
Connecticut: 203-724-4838	Minnesota: 763-290-0903	Ohio: 216-400-0674	Virginia: 804-500-5941
Florida: 904-930-4211	Nevada: 702-489-5744	Oklahoma: 918-770-4421	Wisconsin: 414-600-5383
Massachusetts: 781-202-1629	New Jersey: 609-955-3711	Pennsylvania: 215-399-9244	