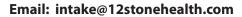
## **TwelveStone Health Partners**

Fax Referral To: (615) 278-3355

Direct Phone: (844) 893-0012





ILUMYA ORDER FORM							
Date:		ICD-10 Code:					
Patient Name:		Allergies:			☐ New	Start	
Date of Birth:		Weight:Ibs OR	kg		☐ Continuing Therapy:  Last Dose:		
PROVIDER INFORMATION							
Ordering Provider: Provi					rovider Fax:		
Provider NPI:				Provider Address:			
Provider Phone:							
ADMINISTRATION							
Place of Administration:							
☐ TwelveStone Infusion Center ☐ MD Office ☐ Other							
MEDICATION ORDER							
Illumya	<ul> <li>□ Initation: Inject 100mg SQ at weeks 0, and 4.</li> <li>□ Maintenance: Inject 100mg SQ every 12 weeks.</li> </ul>		date c	for one ye f signature dicated be	e unless	Please include the following lab results required for infusion. If no results are available, the following labs will be drawn prior to first infusion:	
			_	Re	efills	✓ Negative TB Quantiferon Gold, or TB Skin Test within the last 12 months.	
PRE-MEDICATIONS							
Oral         □ Acetaminophen:325mg500mg650mg         □ Loratadine: 10mg         □ Cetirizine: 10mg         □ Diphenhydramine:25mg50mg         □ Famotidine:20mg40mg         □ Ibuprofen:200mg400mg600mg         □ Ondansetron:4mg8mg         □ Other:				IV       □ Dexamethasone:4mg8mg         □ Diphenhydramine:25mg50mg         □ Famotidine:20mg40mg         □ Methylprednisolone: 125mg         □ Hydrocortisone: 100mg         □ Ondansetron:4mg8mg         □ Other:			
LAB ORDERS (please indicate any labs to be drawn and frequency)				OTHER REQUIRED DOCUMENTATION			
**Surveillance lab ordering and monitoring is the responsibility of the prescriber**  By signing below, I certify that the above therapy is medic  By signing this form, I am authorizing TwelveStone Health Partners and affiliates to serve as my to payors with respect to this patient and prescription order. This enrollment  Dispense as Written:				y designated agent in submitting prior authorizations and other clinically required information			
Prescriber Name Date			$- \left  {Dre} \right $	Prescriber Name			