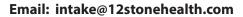
## **TwelveStone Health Partners**

Fax Referral To: (615) 278-3355

Direct Phone: (844) 893-0012





	TYENNE O	RDER FORM			
Date:	ICD-10 Code:		Therapy Status		
Patient Name:	Allergies:		☐ New Start		
Date of Birth:	Weight:Ibs OR	kg	Continuing	ntinuing Therapy: Last Dose:	
PROVIDER INFORMATION					
Ordering Provider: Provider Fax:					
Provider NPI:		Provider Address:			
MEDICATION ORDER					
Tyenne  Therapeutic interchange to insurance preferred biosimilar (Actemra) authorized unless otherwise specified below:  Do not use biosimilar	every weeks to be given over one hour.  preferred biosimilar authorized unless be specified below:  every weeks to be given over one hour.  (<100kg) Tyenne 162mg SQ to be given every other week.		ar from unless w.	Please include the following lab results required for infusion. If no results are ailable, the following labs will be drawn prior to first infusion:  TB Quant Gold within the past 12 months  Hepatitis B Surface Antigen  Absolute Neutrophil Count, Platelet Count, and ALT/AST within the past 60days	
	PRE-ME	DICATIONS			
Oral           □ Acetaminophen:325           □ Loratadine: 10mg           □ Cetirizine: 10mg           □ Diphenhydramine:2           □ Famotidine:20mg           □ Ibuprofen:200mg           □ Ondansetron:4mg           □ Other:	□ Diphenhydra □ Famotidine:□ □ Methylpredni □ Hydrocortiso □ Ondansetror	□ Dexamethasone:4mg8mg □ Diphenhydramine:25mg50mg □ Famotidine:20mg40mg □ Methylprednisolone: 125mg □ Hydrocortisone: 100mg □ Ondansetron:4mg8mg			
LAB ORDERS (please indica	OTHE	OTHER REQUIRED DOCUMENTATION			
	to 800-223-4063)  • History & Physic  • Patient Demogra  • Medication List  • Recent Lab Wor	History & Physical, Last Office Visit Note     Patient Demographics and Insurance Information     Medication List			
to payors with respect to this patient and prescription order. This enrollment form shall so			signature for ہ	prior authorizations, as requested.	
Dispense as Written:		Substitution Allow	ed:		
Prescriber Signature	Date	Prescriber Signati	ture	Date	