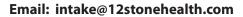
## **TwelveStone Health Partners**

Fax Referral To: (615) 278-3355

Direct Phone: (844) 893-0012





KEYTRUDA ORDER FORM					
Date:			ICD-10 Code:		
Patient Name:			Allergies:		
Date of Birth:			Weight:It	os ORkg	
Therapy Status			Provider Information		
☐ New Start			Ordering Provider:		
Previous Therapy:			Provider NPI:		
Date of Last Dose:			Provider Phone:		
Wash Out Period:			Provider Fax:		
☐ Continuing Therapy:			Provider Address:		
Last Dose: MEDICATION ORDER					
Keytruda  □ 200mg every 3 weeks To be given as a Monotherapy  □ 400mg every 6 weeks  □ 400mg every 6 weeks		Please include the following lab results required for infusion. If no results are available, the following labs will be drawn prior to first infusion:  V Liver Enzymes (AST/ALT), creatinine, and			
				thyroid function within the past 60 days	
PRE-MEDICATIONS					
<u>Oral</u> <u>IV</u>					
☐ Acetaminophen:325mg500mg650mg			☐ Dexamethasone:4mg8mg		
☐ Loratadine: 10mg			☐ Diphenhydramine:25mg50mg		
☐ Cetirizine: 10mg			☐ Famotidine:20mg40mg		
☐ Diphenhydramine: 25mg50mg			☐ Methylprednisolone:125mg		
	20mg 40mg	000	☐ Hydrocortisone:100mg		
☐ Ibuprofen: 200mg400mg600mg ☐ Ondansetron:4mg8mg			Ondansetron: 4mg 8mg		
☐ Other:			☐ Other:		
LAB ORDERS (please indicate any labs to be drawn and frequency)			OTHER REQUIRED DOCUMENTATION		
			(Please fax this signed order form, along with the following documents to 800-223-4063)		
**Surveillance lah ordering	and monitoring is the responsibility	v of the prescriber**	History & Physical, Last Office Visit Note     Patient Demographics and Insurance Information     Medication List     Recent Lab Work		
		·		scriber's Signature (SIGN BELOW)	
By signing this form, I am auti	horizing TwelveStone Health Partners and	d affiliates to serve as m	ny designated agent in subi	mitting prior authorizations and other clinically required information ignature for prior authorizations, as requested.	
Dispense as Written:			Substitution Allowed:		
Prescriber Name Date		Prescriber Name	 Date		