Gastroenterology Medication Referral Form

TwelveStone Health Partners

Fax Referral To: (800) 223-4063



Date: Patient Name: Date of Birth:

Direct Phone: (615) 278-3350

Toll Free: (844) 893-0012

INFORMATION						
Ship to:		Injection training	Injection training provided by:			
□ Patient			Prescriber's office			
Physician/clinic 1st dosp to Physician	clinic romaining rafills to nation		Specialty Pharmacy Manufacturer			
	/clinic, remaining refills to patien		Other:			
DIAGNOSIS						
Description / ICD-10 Code A04.7 Enterocolitis due to Clostridium difficile K50 Crohn's disease K51 Ulcerative colitis K52.9 Hepatic failure, unspecified (Hepatic Encephalopathy) Other: Other: Mathematical Structure (Mathematical Structure) Description / ICD-10 Code K50 Crohn's disease K58.0 Irritable Bowel Syndrome w/ Diarrhea Other: Description / ICD-10 Code Interview of the structure of the s						
CLINICAL INFORMATION (Please attach all clinical information, lab results and other medical history documents)						
 Patient demographics Medical card (front and back) Prescription card (front and back) Clinic notes and labs (including Hepatitis B screening) 						
□ Last 4 Digits of Social: TB Test Completed: □ Yes □ No Date of negative test:/ (Please send copy of results)						
Patient Weight: Kg/lbs Height: Inches/CM Allergies:						
Currently Receiving and/or NSAIDS Methotrexate Sulfasalazine S-ASA Azathioprine Mercaptopurine Biologics: Other: Length of Treatment: Reason for Discontinuing or Adding Supplemental Tx: 			Contraindicated Medications: Reason:			
MEDICATION	DOSE	DIRECTIONS			QUANTITY	REFILLS
🗆 Cimzia	200mg/ml PFS Starter Kit	Induction: Inject 400mg (two 200mg injections) SQ at weeks 0, 2, and 4, ther maintenance dose		then	1 box (six 200mg PFS)	0
	200mg/ml PFS	Maintenance: Inject 400mg (two 200mg injections) SQ every 4 weeks			2	1
	200mg LYO Powder Vial	0mg LYO Powder Vial				
Dificid	200mg tablet	Take 1 tablet by mouth twice daily for 10 days	ce daily for 10 days		20	0
Humira	80mg/0.8ml CF Pen Starter Kit for Crohn's/UC	Induction: Inject 160mg SQ on Day 1, 80mg or dose	SQ on Day 1, 80mg on Day 15, then maintenance		1 box (three 80mg Pens)	0
	40mg/0.4ml CF Pens	Maintenance: Inject 40mg SQ every other week			2	
	□ 40mg/0.4ml CF PFS	Other:				Ì
Simponi	□ 100mg/ml SmartJect Autoinjector	Induction: Inject 200mg SQ at week 0, then 100mg at week 2, then mainte nance dose		nte-	3	
	100mg/ml PFS	Maintenance: Inject 100mg SQ every 4 weeks			1	
🗆 Xeljanz	10mg tablet	Induction: Take 10mg by mouth twice daily for 8 weeks				1
	5mg tablet	Maintenance: Take 5mg by mouth twice daily				
Zeljanz XR	22mg tablet	Induction: Take 22mg by mouth once daily for 8 weeks				1
	11mg tablet	Maintenance: Take 11mg by mouth once daily				
		Other:				
Xifaxan	550mg tablet	Take 1 tablet by mouth twice daily				
		Take 1 tablet by mouth three times daily for 14 days			42	
		Other:				
By signing below, I certify that above therapy is medically necessary. Prescriber's Signature (SIGN BELOW)						
Physician's Phone: Physician's NPI#: Physician's Fax# : Physician's Address:						
Dispense as Written: Printed Name: Substitution Allowed: Date:						

By signing this form and utilizing our services, I am also authorizing TwelveStone to serve as my prior authorization agent with medical and pharmacy insurance providers.

The information contained in this facsimile may be confidential and is intended solely for the use of the named recipient(s). Access, copying or re-use of the facsimile or any information contained therein by any other person is not authorized. If you are not the intended recipient, please notify us immediately by calling 615-895-0186 or faxing back to the originator. V 5.19.21