TwelveStone Health Partners

Fax Referral To: (800) 223-4063

Email: intake@12stonehealth.com

Direct Phone: (615) 278-3350



Toll Free: (844) 893-0012

NULOJIX ORDER FORM							
Date:		ICD-10 Code:			Therapy Status		
Patient Name:		Allergies:			New Start		
Date of Birth:		Weight:lbs ORkg		☐ Continuing Therapy: Last Dose:			
PROVIDER INFORMATION							
Ordering Provider: Provider Fax:							
Provider NPI:		Provider Address:_					
Provider Phone:							
MEDICATION ORDER							
implantation) and Day 5 after Day 1 dose), End of after transplantation, En after transplantation: Infuse Nulojix 10mg/ Maintenance: End of we and every 4 weeks (plus thereafter:		ransplantation and prior to (approximately 96 hours of week 2 and week 4 d of week 8 and week 12 /kg IV over 30 minutes	Refills x one year date of signature u indicated belo		e unless low.	Please include the following lab results required for infusion. If no results are available, the following labs will be drawn prior to first infusion: ✓ Seropositive EBV Result. ✓ Negative TB Quantiferon Gold, or TB Skin Test within the last 12 months. ✓ Total infusion dose should be based on actual body weight at time of transplantation Dose should not be modified during the course of therapy unless there is a change in body weight of greater than 10%. ✓ Weight at time of transplant: lbs	
PRE-MEDICATIONS							
Oral IV							
□ Acetamino	ophen:325mg	700mg000mg			nasone:4mg8mg		
□ Loratadine	e: 10mg				dramine:25mg50mg		
☐ Cetirizine:	•				ne:20mg40mg		
□ Diphenhyo			71 - 3				
	e:40mg				•		
	200mg400m	·		☐ Ondansetron:4m			
	ron:4mg 8mg		-	Othor			
□ Other: LAB ORDERS (please indicate any labs to be drawn and frequency)							
			(Ple to 8 • His • Pa • Me	(Please fax this signed order form, along with the following documents to 800-223-4063) • History & Physical, Last Office Visit Note • Patient Demographics and Insurance Information • Medication List			
Surveillance lab ordering and monitoring is the responsibility of the prescriber • Re By signing below, I certify that the above therapy is medically necessary.					• Recent Lab Work / necessary Prescriber's Signature (SIGN BFLOW)		
Dispense as Written:				Substitution Allowed:			
Disposido de Millioni.			_		owou.		
Prescriber Name	<u> </u>	Date	Pres	criber Nam	е	 Date	

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