

STELARA (ustekinumab)

Status	<input type="checkbox"/> New Therapy <input type="checkbox"/> Order Renewal <input type="checkbox"/> Dosage or Frequency Change			
Diagnosis	<input type="checkbox"/> ICD 10: K51.__ Ulcerative Colitis (UC)	<input type="checkbox"/> ICD 10: L40.9 Plaque Psoriasis (Ps)		
	<input type="checkbox"/> ICD 10: K50.__ Crohn's Disease (CD)	<input type="checkbox"/> ICD 10: L40.5 Psoriatic Arthritis (PsA)		
	<input type="checkbox"/> ICD 10 Code: _____ Other: _____			
Pertinent Medical Hx	Patient's weight (most recent): _____ lbs / kg (circle one) Date: _____			
	TB Status & Date: _____ Hepatitis B Status & Date: _____			
Labs	Labs to be drawn by: <input type="checkbox"/> Infusion Clinic <input type="checkbox"/> Referring Physician			
	If Infusion Clinic: _____			
Premeds	<input type="checkbox"/> No premeds necessary <input type="checkbox"/> Other: _____			
IV Fluids	<input type="checkbox"/> NS TKO <input type="checkbox"/> Other: _____			
Medication Order	Ulcerative Colitis (UC) – or – Crohn's Disease (CD)			
	<input type="checkbox"/> Induction: Stelara 260mg (<55kg) / 390mg (55-85kg) / 520mg (>85kg) IV once.			
	<input type="checkbox"/> Maintenance: Stelara 90mg SubQ every 8 weeks.			
	Plaque Psoriasis (Ps) – or – Psoriatic Arthritis (PsA)			
	<input type="checkbox"/> Induction: Stelara 45mg (<100kg) / 90mg (>100kg) SubQ once + 4 weeks later.			
	<input type="checkbox"/> Maintenance: Stelara 45mg (<100kg) / 90mg (>100kg) SubQ every 12 weeks.			
	Refills: <input type="checkbox"/> x 1 year <input type="checkbox"/> x _____ doses <input type="checkbox"/> No refills; give this dose only.			
Monitoring	Monitor for signs/symptoms of hypersensitivity during infusion and 30 mins post-infusion. For any signs of infusion reaction: STOP infusion. Contact on-site provider for instruction.			
Additional Orders				
Physician Information	Physician Name	_____	NPI	_____
	Office Contact	_____	Phone	_____
	Provider Signature:	_____	Date	_____

REQUIRED DOCUMENTATION	
○ Patient Demographics & Insurance Information:	– Copy of patient's insurance card – front and back
○ Clinical / Progress Notes, supporting primary diagnosis:	– 2 most recent office notes – Medication history
○ Most Recent Labs:	– CMP and CBC – TB screening (PPD, QFT Gold or TSpot) – Baseline Liver Enzymes

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