

PATIENT INFORMATION

PATIENT NAME: _____ PHONE #: _____
 ADDRESS: _____ CITY, STATE, ZIP: _____
 DATE OF BIRTH: _____ EMAIL: _____
 ALLERGIES: SEE LIST NKDA WEIGHT: LB OR KG

REQUIRED DOCUMENTATION

1. Insurance Card 2. H&P 3. Patient Demographics 4. Most Recent Labs 5. Med List 6. Tried/Failed Therapies 7. Neg TB Results

PRIMARY DIAGNOSIS

K50.00 Crohn's disease of small intestine without complications (CD) K51.90 Ulcerative colitis, unspecified, w/o complications (UC)
 K50.019 Crohn's disease of small intestine with unsp comp (CD) L40.5 Psoriatic Arthritis (PsA)
 K50.10 Crohn's disease of large intestine without complications (CD) L40.9 Plaque Psoriasis (Ps)
 K50.90 Crohn's disease, unspecified, without complications (CD) Other _____
 K51.00 Ulcerative (chronic) pancolitis without complications (UC) _____

LABS ORDERS: PLEASE INCLUDE FREQUENCY

Please list any labs to be drawn by the infusion clinic: _____

PRE-MEDICATIONS

Per infusion clinic protocol: No recommended standard pre-meds for Stelara
 Provider Prescribed: _____

PRIMARY MEDICATION ORDER
Ulcerative Colitis (UC) – or – Crohn's Disease (CD)

Induction Doses (to be administered in infusion clinic): Maintenance Doses:
 Weight <55kg: Stelara 260mg IV once Infusion clinic will coordinate with SP for self-administration or administration in-clinic as payor
 Weight 55kg-85kg: Stelara 390mg IV once dictates: Stelara 90mg subQ every
 Weight >85kg: Stelara 520mg IV once Provider's office will coordinate initial maintenance dose from Specialty Pharmacy

Plaque Psoriasis (Ps) – or – Psoriatic Arthritis (PsA)

Weight ≤ 100kg: Stelara 45mg subQ at weeks 0, 4, and every 12 weeks thereafter
 Weight > 100kg: Stelara 90mg subQ at weeks 0, 4, and every 12 weeks thereafter
 *Infusion clinic will coordinate initial dose from Specialty Pharmacy
 Other: _____ FIRST DOSE?: Yes No Refill x12 months unless otherwise noted: _____

LINE USE/CARE ORDERS

Start PIV/ACCESS CVC Flush device per Parkway Pain Care & Rehabilitation PC - Life Specialty Solutions (See lifespecialtysolutions.com for detailed policy)
 Other Flush Orders: Please fax other line care orders if checking this box

ADVERSE REACTION & ANAPHYLAXIS ORDERS

Administer acute infusion and anaphylaxis medications per Parkway Pain Care & Rehabilitation PC - Life Specialty Solutions (See lifespecialtysolutions.com for detailed policy)
 Other: (Please send other reaction orders if checking this box)

PRESCRIBER INFORMATION

PROVIDER NAME: _____ PHONE: _____
 OFFICE CONTACT: _____ FAX: _____
 ADDRESS: _____ EMAIL: _____
 CITY, STATE, ZIP: _____ NPI AND LICENSE: _____

X _____
 PROVIDER SIGNATURE DATE