

Stelara (Ustekinumab)

REFERRAL STATUS: New Referral Dose or Frequency Change Order Renewal
Infusion Office Preference: _____

PATIENT INFORMATION			
Date:	Patient Name:	DOB:	
<input type="checkbox"/> NKDA Allergies:	Weight (lbs / kg):	Height:	
Patient Status: <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy - Last Treatment Date:		Next Due Date:	
PROVIDER INFORMATION			
Office Contact Name:		Office Email:	
Prescribing Providers Name:		Provider NPI:	
Office Address:	City:	State:	Zip:
Office Phone Number:		Office Fax Number:	
DIAGNOSIS AND ICD 10 CODE			
<input type="checkbox"/> Crohn's Disease	ICD-10 Code:	K50.90	
<input type="checkbox"/> Ulcerative Colitis	ICD-10 Code:	K51.90	
<input type="checkbox"/> Other Diagnosis:	ICD-10 Code:		
REQUIRED DOCUMENTATION/Testing			
<input type="checkbox"/> This signed order form by the provider <input type="checkbox"/> Patient demographics AND insurance info <input type="checkbox"/> Clinical/Progress notes supporting primary dx		<input type="checkbox"/> Confirmed negative TB testing	
List Tried & Failed Therapies, including duration of treatment: 1) _____ 2) _____			
MEDICATION ORDERS			
Please check box <input type="checkbox"/> if ok to substitute with a Ustekinumab biosimilar per insurance preferred product			
Initial IV dose (choose one):	<input type="checkbox"/> Stelara 260mg IV x1 for Weight <55kg <input type="checkbox"/> Stelara 390mg IV x1 for Weight 55-85kg <input type="checkbox"/> Stelara 520mg IV x1 for Weight >85kg		
Maintenance dosing	<input type="checkbox"/> Stelara 90mg SQ every 8 weeks (starting 8 weeks after the initial iv dose) <input type="checkbox"/> Stelara 90mg SQ every _____ weeks <input type="checkbox"/> Office will obtain auth for SQ dosing for self administration		

Provider Name (Print)

Physician Signature:

Date:

Fax referral to 866-507-1164 or email to MICreferral@metroinfusioncenter.com

All information contained in this order form is strictly confidential and will become part of the patient's medical record.