Provider Order Form

STELARA (USTEKINUAB)

Uptiv Health

PATIENT

Full Name: _____ DOB: _____

Mobile Phone: _____ Weight: _____ ☐ lbs ☐ kg

Allergies: _____ ☐ NKDA

Patient status: ☐ New to therapy ☐ Continuing therapy Last Treatment Date: _____ Next Treatment Date: _____

DIAGNOSIS ICD-10 code (must be specified)

☐ Plaque Psoriasis L40. _____ ☐ Crohn's Disease K50. _____ ☐ Other: _____

☐ Psoriatic Arthritis L40. _____ ☐ Ulcerative Colitis K51. _____

PROVIDER

Provider Name: _____ Provider NPI: _____

Practice Name: _____ Referral Coordinator Name: _____

Practice Address: _____

Phone: _____ Fax: _____ Email: _____

PRE-MEDICATION

☐ Acetaminophen (Tylenol) PO ☐ 500 mg ☐ 650 mg ☐ 1000 mg

☐ Diphenhydramine (Benadryl) ☐ PO ☐ IV ☐ 25 mg ☐ 50 mg

☐ Methylprednisolone (Solu-Medrol) IV ☐ 40 mg ☐ 125 mg

☐ Cetrizine (Zyrtec) 10 mg PO

☐ Other: _____

THERAPY ADMINISTRATION

Medication	Dose	Frequency
☐ Stelara (Ustekinuab), IV Mix in 250ml 0.9% sodium chloride, (use in line filter 1.2 micron or less)	☐ 260 mg ☐ 390 mg ☐ 520 mg	☐ Infuse at week 0 (loading dose)
☐ Stelara (Ustekinuab), Subcutaneous Injection	☐ 90 mg	☐ At week 8 after week 0 intravenous dose and every 8 weeks thereafter
☐ Stelara (Ustekinuab), Subcutaneous Injection	☐ 45 mg ☐ 90 mg	☐ Induction: week 0 and 4, then every 12 weeks ☐ Maintenance: every 12 weeks

Refills ☐ Zero ☐ 12 months ☐ _____. Order valid for 1 year unless otherwise stated. _____

☒ Infuse over at least 60 minutes.

☒ Flush with 0.9% sodium chloride at infusion completion.

☒ Provide nursing care per Uptiv Health Nursing Procedures, including reaction management and post-procedure observation.

LABORATORY ORDERS

☐ CBC ☐ at each dose ☐ every _____

☐ CMP ☐ at each dose ☐ every _____

☐ Other _____ ☐ at each dose ☐ every _____

SPECIAL INSTRUCTIONS

PLEASE ATTACH THE FOLLOWING SO WE CAN MOST EFFICIENTLY PROCESS THE PATIENT'S ORDER

☐ Patient Demographics ☐ Insurance card ☐ Progress Notes supporting DX ☐ TB status results ☐ Hepatitis B status results

_____ _____

Provider Signature Date