

PATIENT INFORMATION

PATIENT NAME: _____ PHONE: _____

DATE OF BIRTH: _____ SEX: M F HEIGHT: _____ WEIGHT: _____ LBS KG

ALLERGIES: _____ PREFERRED CLINIC: _____

REFERRAL STATUS: NEW REFERRAL ORDER CHANGE ORDER RENEWAL

DIAGNOSIS & CLINICAL DOCUMENTATION

<input type="checkbox"/> K50.00 Crohn's Disease – small intestine	<input type="checkbox"/> K51.00 Universal Ulcerative Pancolitis – chronic
<input type="checkbox"/> K50.10 Crohn's Disease – large intestine	<input type="checkbox"/> K51.50 Left sided Ulcerative Colitis – chronic
<input type="checkbox"/> K50.80 Crohn's Disease – small & large intestine	<input type="checkbox"/> K51.80 Other Ulcerative Colitis – chronic
<input type="checkbox"/> K50.90 Crohn's Disease, unspecified	<input type="checkbox"/> K51.90 Ulcerative Colitis

ICD-10 CODE: _____ DESCRIPTION: _____

REQUIRED DOCUMENTATION

Insurance Information List of Medications Tried & Failed Therapies Most Recent History & Physical Negative TB Screening

MEDICATION ORDER

For Patients Weighing < 55 kg

INDUCTION: Stelara® (ustekinumab) 260 mg IV in 250 ml NS over 60 minutes

For Patients Weighing 55 kg to 85 kg

INDUCTION: Stelara® (ustekinumab) 390 mg IV in 250 ml NS over 60 minutes

For Patients Weighing > 85 kg

INDUCTION: Stelara® (ustekinumab) 520 mg IV in 250 ml NS over 60 minutes

OTHER: _____

PRE-MEDICATIONS

PO

Acetaminophen: 650 mg

Cetirizine: 10 mg

Diphenhydramine: 25 mg

IV

Methylprednisolone: 125 mg

Diphenhydramine: 25 mg

OTHER: _____ PO IV

*Referring provider to coordinate Sub-Q maintenance dosing with appropriate specialty pharmacy

Patient to be observed for 30 minutes following the first infusion. Administer per protocol.
 In the event of an adverse reaction occurring in the infusion clinic, utilize the Immersiv Health adverse reaction protocol.

PRESCRIBER INFORMATION

PROVIDER NAME: _____ NPI #: _____

EMAIL: _____ PHONE: _____ FAX: _____

ADDRESS (INCLUDE CITY, STATE, ZIP): _____

SUPERVISING PHYSICIAN: _____ CONTACT NAME: _____
(IF APPLICABLE)

SIGNATURE: _____ DATE: _____
(NO STAMPS)

SUBSTITUTION PERMITTED DISPENSE AS WRITTEN