Palmetto INFUSION®

Phone: 1-800-809-1265 Fax: 1-866-872-8920

Referral Status:			MRN:
☐ New referral	☐ Order change	☐ Order Renewal	
Patient preferred clinic:			

Stelara® (ustekinumab) Plant of Treatment for Rheumatology & Dermatology

PATIENT DEMOGRAPHICS:

Date of Referral:	Patient's Phone:
Patient Name:	Address:
Date of Birth:	City, State, Zip:
Height in inches: / Weight: LB or KG	Gender: / Allergies: ☐ See list ☐ NDKA

DIAGNOSIS: (PLEASE COMPLETE 2ND AND 3RD DIGITS TO COMPLETE ICD 10 FOR BILLING)

☐	L40.50 - Arthropathic psoriasis, unspecified	☐	L40.0 - Psoriasis vulgaris
☐	L40.59 - Other psoriatic arthropathy	☐	L40.9 - Psoriasis, unspecified
☐	________ - Other:		

REQUESTED DOCUMENTATION:

1	Insurance information
2	Most recent History & Physical
3	Full medication list
4	Tried and failed therapies
5	TB screening
6	

PREVIOUS ADMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE?

IF NO:	IF YES:
PLEASE STATE REQUIRED WASHOUT FROM PREVIOUS THERAPY:	LAST INJECTION DATE:
	NEXT INJECTION DATE:

IF ORDER CHANGE:

☐ **Continue current order until insurance approved**

MEDICATION ORDERS:

NOTE: Patient may be ineligible to receive ustekinumab if receiving antibiotics for active infectious process, antifungal therapy, active fever and/or suspected infection, new-onset or deterioration neurological changes, and/or surgery

DOSE/FREQUENCY:

☐ Stelara® (ustekinumab) 45mg subcutaneous injection
- ☐ Induction: Injection at 0 week, 4 week, and then every 12 weeks
- ☐ Maintenance: Injection every 12 weeks

☐ Stelara® (ustekinumab) 90mg subcutaneous injection
- ☐ Induction: Injection at 0 week, 4 week, and then every 12 weeks
- ☐ Maintenance: Injection every 12 weeks

***Note: 90mg dose only suggested for patients greater than 100kg with psoriasis or psoriatic arthritis with co-existent moderate to severe plaque psoriasis.**

Administer as a subcutaneous injection to the upper arm, gluteal region, thigh, or abdomen

SPECIAL ORDERS:

☐ ____

☑ Refills x 12 months unless noted otherwise here:

LINE USE/CARE ORDERS:

☑ Start PIV/Access CVC

☑ Flush device per facility standard flushing procedure

ADVERSE REACTION & ANAPHYLAXIS ORDERS:

Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders, which can be found at our website or scan here.

PRESCRIBER INFORMATION:

PROVIDER NAME:	PHONE:
ADDRESS:	FAX:
CITY, STATE, ZIP:	NPI:

PRESCRIBER SIGNATURE: (No stamp signatures)

		DATE
Dispense as written/Brand medically necessary	Substitution permitted	