arise infusion
THERAPY SERVICES
A DIVISION OF ARTHRITIS AND RHEUMATISM ASSOCIATES, PC

Fax To: 301-424-3590
Have a Question? Call: 240-514-5000

STELARA (Ustekinumab) ORDER FORM

REFERRAL TYPE

☐ New Referral ☐ Order Renewal ☐ Restart ☐ Frequency Change ☐ Dosage Change

PREFERRED LOCATION

☐ 2730 University Blvd. West | Suite 714 Wheaton, MD 20902	☐ 14995 Shady Grove Road | Suite 250 Rockville, MD 20850	☐ 5454 Wisconsin Avenue | Suite 600 Chevy Chase, MD 20815
☐ 18111 Prince Philip Drive | Suite 323 Olney, MD 20832	☐ 71 Thomas Johnson Drive Frederick, MD 21702	☐ 2021 K Street, NW | Suite 300 Washington, DC 20006

PATIENT INFORMATION

Name:	DOB:	Email:
Address:	Weight: KG LBS	Phone:

REFERRING PHYSICIAN INFORMATION

Name:		NPI:
Office Contact Name:	Phone:	Fax:
Address:		

STELARA ORDER

Dosing/Frequency:

☐ Crohn's/UC Initial Dose: ☐ 260mg IV ☐ 390g IV ☐520mg IV ☐ Crohns's/UC Maint. Dose: 2 x 45mg injections every 8 weeks

☐ 45mg injection on 0, 4, then every 12 weeks ☐ 90mg injection on 0, 4, then every 12 weeks (Weight > 100kg)

Diagnosis:

☐ K50.00—Crohn's disease of small intestine w/o complications
☐ K50.10—Crohn's disease of large intestine w/o complications
☐ K50.80—Crohn's disease of both small and large intestine w/o complications
☐ K51.00—Ulcerative (chronic) pancolitis w/o complications
☐ K51.018—Ulcerative (chronic) pancolitis with other complication
☐ K51.30—Ulcerative (chronic) rectosigmoiditis w/o complications
☐ K51.80—Other ulcerative colitis w/o complications

☐ L40.0—Psoriasis vulgaris
☐ L40.53—Psoriatic spondylitis
☐ L40.59—Other psoriatic arthropathy

☐ Other Diagnosis: ICD-10 Code (Required):

Special Instructions:

Physicians Signature:	Date: *(Order is Valid for One Year)*

REQUIRED DOCUMENTATION

Please fax the following documents and records:

- Patient Demographics
- Two most recent office notes (Supporting the DX and treatment ordered)
- Most recent labs that include values for:
  - CMP, CBC, HBV Surface Antigen
  - TB Screening (PPD, QFT Gold or Tspot)
- Copy of the patient's insurance card(s) – front and back
- Medication History
- For continuation of treatment, include the last infusion note

We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.