

STELARA (Ustekinumab) ORDER FORM

REFERRAL TYPE

New Referral
 Order Renewal
 Restart
 Frequency Change
 Dosage Change

PREFERRED LOCATION

<input type="checkbox"/> 2730 University Blvd. West Suite 714 Wheaton, MD 20902	<input type="checkbox"/> 14995 Shady Grove Road Suite 250 Rockville, MD 20850	<input type="checkbox"/> 5454 Wisconsin Avenue Suite 600 Chevy Chase, MD 20815
<input type="checkbox"/> 18111 Prince Philip Drive Suite 323 Olney, MD 20832	<input type="checkbox"/> 161 Thomas Johnson Drive Suite 250 Frederick, MD 21702	<input type="checkbox"/> 2021 K Street, NW Suite 300 Washington, DC 20006
	<input type="checkbox"/> 8270 Willow Oaks Corporate Drive Suite 150 Fairfax, VA 22031	

PATIENT INFORMATION

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

REFERRING PHYSICIAN INFORMATION

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

STELARA ORDER

WE DO NOT ACCEPT OFF-LABEL DIAGNOSIS, DOSE and FREQUENCY

Dosing/Frequency:

Crohn's Initial Dose:
 260mg IV
 390g IV
 520mg IV
 Crohn's Maintenance 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: (PLEASE REFRAIN FROM USING AN UNSPECIFIED ICD10 CODE)

K50.____ Crohn's Disease of small intestine
 K50.____ Crohn's Disease of large intestine
 K50.____ Crohn's Disease of both small and large intestine
 K50.____
 K51.00 — Other ulcerative colitis w/o complications
 K51.____
 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.