

An Outpatient Department of Trinity Health Oakland
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Phone: 810-844-7373
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Ustekinumab (Stelara®)

Along with this order form, please include the following: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes. ArrIVE Infusion will obtain any necessary medication authorizations for patients receiving infusion therapies.

Order Date: ____/____/____

Referral Status: ☐ New Referral ☐ Dose or Frequency Change ☐ Renewal

Patient Name: _____ Patient Address: _____ Patient Phone Number: _____ Date of Birth: ____/____/____ Weight: ____kg Height: ____cm Allergies: _____		Primary Insurance: _____ Member ID: _____ Secondary Insurance: _____ Member ID: _____	
<p style="text-align: center;">Diagnosis</p> Diagnosis Code (ICD-10): _____ Indication: _____ Target start date: _____		<p style="text-align: center;">Labs</p> <input type="checkbox"/> Interferon gamma for TB, whole blood <input type="checkbox"/> CBC with differential	
Date of negative Tuberculosis Screen: _____ Date of Negative Hepatitis Screen: _____			
Hold and notify provider: Patient has signs/symptoms of an active serious infection.			
<p style="text-align: center;">Crohn's Disease and Ulcerative Colitis</p> <u>Induction Therapy (IV) in 250 mL 0.9% sodium chloride</u> <input type="checkbox"/> ≤ 55 kg: 260mg IV over 1 hour x 1 dose <input type="checkbox"/> >55 kg to 85 kg: 390mg IV over 1 hour x 1 dose <input type="checkbox"/> >85 kg: 520 mg IV over 1 hour x 1 dose <u>Maintenance Therapy (SubQ)</u> <input type="checkbox"/> 90 mg every 8 weeks; begin maintenance dosing 8 weeks after the IV induction dose		<p style="text-align: center;">Plaques Psoriasis</p> <input type="checkbox"/> ≤100 kg (SubQ): 45 mg at 0 and 4 weeks, and then every 12 weeks thereafter. <input type="checkbox"/> >100 kg (SubQ): 90 mg at 0 and 4 weeks, and then every 12 weeks thereafter. <p style="text-align: center;">Psoriatic Arthritis</p> <input type="checkbox"/> Initial and maintenance (SubQ): 45 mg at 0 and 4 weeks, and then every 12 weeks thereafter.	
Pre-Medications and Pre-Protocol (ordered at physician discretion)	<input type="checkbox"/> Acetaminophen 650 mg PO once <input type="checkbox"/> Loratadine 10 mg PO once <input type="checkbox"/> Diphenhydramine once <input type="checkbox"/> 25 mg <input type="checkbox"/> 50 mg <input type="checkbox"/> PO <input type="checkbox"/> IV <input type="checkbox"/> Famotidine 20 mg IV once <input type="checkbox"/> Hydrocortisone 100 mg IV once <input type="checkbox"/> Methylprednisolone 125 mg IVP once <input type="checkbox"/> Other: _____	<p style="text-align: center;">Hydration</p> <input type="checkbox"/> LR <input type="checkbox"/> Sodium Chloride 0.9% <input type="checkbox"/> Other _____ _____ mL at _____ mL/hr <input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> Following	

Flushing Protocol <i>as need for line care</i>	Sodium Chloride 0.9% <input type="checkbox"/> 5 mL <input type="checkbox"/> 10 mL	Heparin 100 Units/mL <input type="checkbox"/> 5 mL <input type="checkbox"/> 10 mL
Hypersensitivity Panel Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy as necessary	<ul style="list-style-type: none"> • Sodium chloride 0.9% bolus 500 mL once as needed for hypotensive management (SBP <90mmHg) • Acetaminophen 650 mg once as needed for temperature GREATER than 38 C (100.4 F), headaches, generalized pain, back pain, abdominal cramping • Albuterol 2.5 mg /3 mL (0.083%) nebulizer solution 2.5 mg, nebulize every 10 min PRN, hypoxemia, bronchospasm, wheezing, dyspnea, for 2 doses • Albuterol HFA inhaler 2 puffs q4hs as needed for hypoxemia, bronchospasm, wheezing, dyspnea • Epinephrine injection 0.3 mg IM every 15 minutes as needed for SBP less than 90mmHg, mild to moderate anaphylaxis for 3 doses • Famotidine injection 20 mg IV over 2 minutes once as needed for severe hypersensitivity/infusion reaction including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure • Diphenhydramine injection 25 mg IV over 1 minute once as needed, moderate hypersensitivity/infusion reaction (grade 2) including temperature greater than 100.5, rigors, localized rash/hives, vomiting, nausea, pruritis, flushing, dizziness, back pain, abdominal cramping, uneasiness, agitation, feeling of impending doom • Diphenhydramine injection 50 mg IV over 1 minute once as needed for severe hypersensitivity/infusion reaction (grade 3), including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure • Hydrocortisone sodium succinate injection 100 mg IV once as needed for severe hypersensitivity/infusion reaction (grade 3), including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure 	
<div> <div> Provider Name: _____ </div> <div> Provider Signature: _____ </div> </div> <div> <div> Attending Physician Name: _____ </div> <div> Provider NPI: _____ </div> </div> <div> <div> Office Phone Number: _____ </div> <div> Office Fax Number: _____ </div> </div> <p><i>Note: This order is valid for 12 months from date of physician signature.</i></p>		