

USTEKINUMAB (AND BIOSIMILAR) ORDER FORM

- Selardsi (ustekinumab-aekn) Yesintek (ustekinumab-kfce) Otulfi (ustekinumab-aauz)
 Steqeyma (ustekinumab-stba) Stelara (ustekinumab) Wezlana (ustekinumab-auub)
 Dispense As Written (DAW)

Will substitute for biosimilar or reference product based on insurance and availability

PATIENT INFORMATION

Patient Name: _____ DOB: _____
 Mobile Number: _____ Patient Weight: _____ kg
 Allergies: _____
 Patient has known difficult venous access. Comments: _____

DIAGNOSIS (Provider must specify)

- Psoriatic Arthritis, ICD 10: L40. _____ Crohn's Disease, ICD 10: K50. _____
 Psoriasis, ICD 10: L40. _____ Ulcerative Colitis, ICD 10: K51. _____
 Other: _____

PROVIDER INFORMATION

Provider Name (print name): _____ Provider NPI: _____
 Signature: _____ Date: _____
 Contact Name: _____ Phone: _____ Fax: _____
 Email Address: _____

Prerequisites to treatment – ensure the following information is complete and attached with referral:

- Demographics Labs and tests supporting diagnosis Office/progress notes

PRE-MEDICATION (Not typically indicated)

- Acetaminophen (Tylenol) 500 mg PO Famotidine 20 mg IV Methylprednisolone (Solu-Medrol) 125 mg IVP
 Benadryl 25mg PO Cetirizine (Zyrtec) 10 mg PO
 Other: _____ Dose: _____ Route: _____

MEDICATION

MEDICATION	DOSE	ROUTE	FREQUENCY
Ustekinumab	<input type="checkbox"/> 260 mg <input type="checkbox"/> 390 mg <input type="checkbox"/> 520 mg	IV	x 1 dose
	<input type="checkbox"/> 45 mg <input type="checkbox"/> 90 mg	Subcutaneous inj.	<input type="checkbox"/> 8 weeks after initial IV dose then every 8 weeks <input type="checkbox"/> Every 8 weeks

x1 IV infusion needs to be completed prior to SubQ injections.

- Please check this box if you DO NOT want Local Infusion to complete insurance portion for SubQ.

New Start Therapy Continuation of Therapy Date of last dose (if applicable): _____

LABS / SPECIAL INSTRUCTIONS

Order valid for 1 year from date of signature unless otherwise specified here: _____

FAX NUMBERS:

- CT: 203.433.0621
 FL: 904.877.9270

- MA: 413.296.8482
 MD: 240.224.8607
 ME: 207.407.7272

- NC: 919.984.8698
 NH: 603.217.5371
 NJ: 201.581.4521

- NY: 631.250.6020
 OH: 937.871.4594
 PA: 610.273.5998

- SC: 864.973.6279
 VA: 703.202.0499