



Phone: 608-690-7210
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www.MySmartInfusion.com

Stelara (ustekinumab)
And Biosimilars
Infusion & Subcutaneous Injection Order Form

Location

- Eau Claire Weston
- Middleton Onalaska

Patient Information

Patient Name: _____ DOB: _____ M F

Allergies: _____ Allergies to Latex: Yes No

New Treatment Continuing Treatment Last Treatment Date: _____ Next Due Date: _____

Diagnosis and ICD 10 Code (Required)

- Moderate to Severe Ulcerative Colitis ICD 10 Code: K51.90
- Active Psoriatic Arthritis ICD 10 Code: L40.52
- Moderate to Severe Crohn's Disease ICD 10 Code: K50.90
- Moderate to Severe Plaque Psoriasis ICD 10 Code: L40.0

Required Labs

- TB/QuantIFERON Negative on _____**
- May proceed with infusion with additional testing every _____ years
 - No follow up testing necessary
- Most recent CBC & CMP (attach results)

Pre-Medication Orders

- Acetaminophen (Tylenol) 500mg 650mg 1000mg PO
- Diphenhydramine (Benadryl) 25mg 50mg PO IV
- Methylprednisolone (Solu-Medrol) 125mg IV
- Ondansetron (Zofran) 4mg PO IV
- Other: _____ Route: _____
- Dose: _____ Frequency: _____

Medication Order
Refill x12 months unless otherwise noted: _____
Patient Weight: _____ KG

- Stelara (ustekinumab)
- Yesintek (ustekinumab-kfce)
- Selarsdi (ustekinumab-aekn)
- Starjemza (ustekinumab-hmny)
- Otulfi (ustekinumab-aaaz)
- Wezlana (ustekinumab-auub)

Will substitute Stelara (ustekinumab) for biosimilar or referenced product based on insurance and availability.
OR

Dispense as Written

Infusion & Subcutaneous Injection

Dosage: 260mg IV 390 mg IV 520mg IV

Frequency: Single intravenous infusion

Dosage: 90mg - Subcutaneous injection

Frequency: Subcutaneous injection 8 weeks after initial IV dose and every 8 weeks thereafter

Subcutaneous Injection

Dosage: 45mg 90mg

Frequency:

- Induction week 0 and 4 then every 12 weeks
- Maintenance every 8 weeks
- Maintenance every 12 weeks
- Other _____

Required Documents

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical & Progress Notes (including last infusion note)
- Copy of Insurance Card (Front/Back)

Adverse Reaction Management & Nursing Orders

Full protocols are available for review at mysmartinfusion.com or upon request.

<input checked="" type="checkbox"/> Administer the following emergency medications per Smart Infusion Therapy Services protocol: <ul style="list-style-type: none"><input checked="" type="checkbox"/> Acetaminophen 650mg PO,<input checked="" type="checkbox"/> Diphenhydramine 25mg-50mg PO or IV<input checked="" type="checkbox"/> Ondansetron 4mg IV<input checked="" type="checkbox"/> Sodium Chloride 0.9% 1000mL IV<input checked="" type="checkbox"/> Methylprednisolone 125mg IV<input checked="" type="checkbox"/> Albuterol Sulfate 2.5mg nebulized<input checked="" type="checkbox"/> Oxygen 1-6LPM continuous flow<input checked="" type="checkbox"/> Epinephrine 0.3mg/0.3mL IM <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Manage VAD per protocol: <ul style="list-style-type: none"><input checked="" type="checkbox"/> Start/Access and Discontinue PIV/CVC<input checked="" type="checkbox"/> Flush with NS and/or Heparin per protocol based on line type<input checked="" type="checkbox"/> Other: _____
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Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____