Ustekinumab (Stelara) Induction



			Skownegan, Maine
Diagnosis: Patient weight	kgs Hei	ght inche	es
☐ Crohn's disease	☐ Ulcerative colitis	3	
 PPD or IGRA before start of therapy if none in past 12 months. Notify provider of positive results. CBC with differential; complete metabolic panel; C-reactive protein if none in past 30 days. Serologic testing for Hepatitis B virus (Hepatitis B Surf Ag w/Rfx Conf, Hepatitis B Surface Antibody, Hepatitis B Core Ab Total) and Hepatitis C virus (Hep C Ab, Rfx Quant w/Genotype), HIV Antigen/Antibody 4th Gen. Pregnancy test if between 14 and 50 years old with gestational potential. Assess patient prior to each treatment for signs of infection or malignancy (especially skin cancer) ore recent vaccinations. Hold treatment and notify provider if symptoms of uncontrolled serious infections or live vaccines administered within 4 weeks of starting therapy. Provide FDA medication guide prior to first dose. TREATMENT: Ustekinumab-kfce (Yesintek) will be administered unless otherwise required by insurer. Ustekinumab IV as a single dose in Sodium Chloride 0.9% 250 mL (total volume with drug), infused over 1 hour via an in-line, low-protein binding filter (0.2 micrometer). Initial therapy:			
REQUIRED Prior Authorization Number: [] pending [] Complete [] not needed* *If not needed is chosen, date, time and name of person at health insurer who authorized.			
Date:T	ıme: Nar	ne:	
Checklist for non-RFGH credentialed providers - attach: [] H&P completed within last year. [] Documentation supporting diagnosis and prior therapies for diagnosis. [] Documentation of hepatitis B vaccination or testing. [] Documentation of tuberculosis (TB) testing – PPD or Quantiferon testing. Date of negative test:			
FAX RFGH Infusion clinic	at 207-858-2404	Contact 1	Infusion Clinic at 207-858-8722
Provider signature Printed name Revised 9/25			time
		Patient	
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dob

phone #