MPP INFUSION CENTERS
www.mppinfusion.com

Fax Referrals To: (855) 891-2191
Email Referrals To: MPPReferral@mppinfusion.com
Have a Question? (855) 478-1528

STELARA® (USTEKINUMAB) ORDER FORM

(- Required Fields)*

___ STAT REQUEST
(*REASON MUST BE PROVIDED BELOW)

_____ New Referral _____ Order Renewal _____ Medication/Order Change
_____ Benefits Verification Only _____ Discontinuation Order

PATIENT INFORMATION			
NAME*:		DOB*:	SEX: M F
ADDRESS:		PHONE:	
WEIGHT: LBS KG	HEIGHT:	EMAIL:	
ALLERGIES:			

PHYSICIAN INFORMATION		
PHYSICIAN NAME*:		PRACTICE NAME:
ADDRESS:		OFFICE CONTACT*:
PHONE:	FAX:	EMAIL *(FOR UPDATES)*:

STELARA ORDER*:

(SELECT FROM THE FOLLOWING)

ICD-10*: ______________________________

___ Initial Dosing: Infusion to equal ____ 260 MG ____390 MG ____520 MG

___ Dosing: ____ 45MG _____ 90MG vials SQ on week 0, 4, then every 12 weeks

____ Maintenance Dosing: ____ 45MG ____ 90MG vials SQ every 8 weeks (GI Indication)

___ Maintenance Dosing: 45MG 90MG vials SQ every 12 weeks

Physician Signature* ______________________________

Date*(Order is Valid for One Year) ______________________
Infusion will be administered per MPP policy and protocols

REQUIRED DIAGNOSIS:

_____ Crohn's Disease
_____ Plaque Psoriasis
_____ Psoriatic Arthritis
_____ Ulcerative Colitis
_____ Other______________________

***STAT REASON:**
(STAT request will be assessed per MPP policy and protocol)

REQUIRED DOCUMENTATION CHECKLIST:

_____ Patient Demographics
_____ Insurance Card/Information
_____ Clinical/Progress Notes supporting DX
_____ Current Medication List and H&P
_____ TB Results (w/in 6 months)-if positive, need negative chest Xray and negative TSpot

Last Infusion/Injection Date: ____________________

STANDING LAB ORDERS: _____ CMP _____ CBC

____ Labs to be drawn by Infusion Center Frequency ________________________________

NOTES/ADDITIONAL COMMENTS:

Locations:

--------Colorado--------
___ Lakewood

---------Florida---------
___ Jacksonville
___ Kissimmee
___ Port St. Lucie
___ Suncoast
___ Winter Park

----------Texas----------
___ Arlington
___ Cedar Hill
___ Dallas
___ Denton
___ Ft. Worth
___ Irving
___ Rockwall
___ Southlake
___ Flower Mound
___ Plano
___ Tyler

REVISION DATE- 03/2021