

 <p>VANCOUVER CLINIC[®] ADULT AMBULATORY NON-CHEMO INFUSION REFERRAL and ORDER</p> <p>Attn: Infusion Department</p> <p>Ustekinumab (STELARA[®])</p>	<p>NAME: DOB: INSURANCE: PROVIDER NAME: CLINIC NAME and Phone number:</p>
--	--

Weight: _____ lb/kg Height: _____ inch/cm
Diagnostic Code ICD-10: _____ Diagnosis: _____

Initial Consult
Treatment Start Date: _____

****These orders will expire after 365 days; new orders are needed after the expiration date****

This form serves as a referral to infusion services and for medication ordering.
Patients will be seen by our internal infusion clinician for purposes of providing care.

GUIDELINES FOR ORDERING:

- Send FACE SHEET and H&P, relevant labs and/or most recent chart note
- Vancouver Clinic infusion service will initiate Adverse Reaction Algorithm per our service protocol.
- Pre-medication(s) based on protocol (if needed)
- If pre-screening test and labs are not accessible through Epic, please fax a copy of request lab as well (see below). Otherwise, authorized Vancouver Clinic infusion clinician to order the lab.
- Patient must be able to ambulate independently (if patient needs assistance with restrooming, a personal caregiver or capable family member must accompany and remain with patient for the duration of the appointment).

PRE-SCREENING/LAB:

- CBC with differential
- CMP
- Hepatitis B surface antigen and core antibody total
- HIV (RNA/NAAT, ½ Antibody and p24 Antigen)
- Tuberculin test (PPD or QuantiFERON Gold blood test). If result is indeterminate, a follow up chest X-ray must be performed to rule out TB.

MEDICATIONS:

- Less than or equal to 55 kg
- Ustekinumab (STELARA[®])** 260 mg in sodium chloride 0.9 % 250 mL, administer over 1 hour x 1 dose
- Greater than 55 – 85 kg
- Ustekinumab (STELARA[®])** 390 mg in sodium chloride 0.9 % 250 mL, administer over 1 hour x 1 dose

Please fax the completed form and pertinent information to Fax: 360-604-1776

Vancouver Clinic Outpatient Infusion Service - 700 NE 87th Ave Suite 330, Vancouver, WA 98664
Phone: 360-541-3245



VANCOUVER CLINIC[®]
ADULT AMBULATORY NON-CHEMO
INFUSION REFERRAL and ORDER

Attn: Infusion Department

Ustekinumab (STELARA[®])

NAME:
DOB:
INSURANCE:
PROVIDER NAME:
CLINIC NAME and Phone number:

Greater than 85 kg

- Ustekinumab (STELARA[®])** 520 mg in sodium chloride 0.9 % 250 mL, administer over 1 hour x 1 dose

Provider's signature: _____

Provider's printed name: _____ **Date:** _____

Please fax the completed form and pertinent information to Fax: 360-604-1776

Vancouver Clinic Outpatient Infusion Service - 700 NE 87th Ave Suite 330, Vancouver, WA 98664
Phone: 360-541-3245