



# Stelara (Ustekinumab)

INFUSION THERAPY CENTERS

New Referral     Restart     Medication Order Change

## PATIENT INFORMATION

Name \_\_\_\_\_  
Date \_\_\_\_\_  
DOB \_\_\_\_\_  
SS# \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_

## PHYSICIAN INFORMATION

Referring Physician \_\_\_\_\_  
Practice Address \_\_\_\_\_  
Office Contact Name \_\_\_\_\_  
Contact Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
NPI / TIN \_\_\_\_\_

## STELARA IN OFFICE (DERMATOLOGY)

Patient Weight: \_\_\_\_\_ kg      Sub-Q Injection in Office:     45mg     90mg     other \_\_\_\_\_

**To be administered in office only. Not for self or home injection.**

Frequency:     Induction dose: Week 0 & 4     Maintenance Dose: Every 12 weeks

Premeds:     Benadryl     APAP     Diphenhydramine      ORAL:     25mg     50mg  
Acetaminophen (tylenol):     325mg     650mg

Indication / Diagnosis:

Psoriatic Arthritis     Crohn's Disease  
 Psoriasis     Other (please specify in additional information)

Additional Information:

ICD-10 (Required) \_\_\_\_\_

MD Signature \_\_\_\_\_ Date \_\_\_\_\_

## REQUIRED DOCUMENTATION

Please send the following documents and records. This will help streamline the pre-authorization process.

- Patient demographic information sheet
- Copy of insurance card(s) front and back
- Copy of most recent office and consult notes (must include discussion of prescribed drug)
- If this is a continuation of a treatment, include the last infusion note
- Current medication list

Most recent diagnostics results to include:

- Chest Xray
- CBC with differential
- TB test (within 12 months)
- Hepatitis B-Core Ab, B SAg, B SAb
- Comprehensive metabolic panel
- COCCI
- Hepatitis C-Ab

*We will contact the patient and schedule their infusion appointment once we have the insurance pre-authorization completed.*

**AZIVinfusion.com | CALL CENTER: 602.386.4968 | FAX: 623.594.8533**

**FLAGSTAFF**  
399 S. Malpais Lane, Suite 108  
Flagstaff, AZ 86001

**GILBERT**  
2451 E. Baseline Rd, #425  
Gilbert, AZ 85234

**MESA**  
2152 S. Vineyard, Ste. 129  
Mesa, AZ 85210

**PHOENIX**  
9520 West Palm Lane, Ste. 220  
Phoenix, AZ 85037-4442

**SAN TAN VALLEY**  
36359 N. Gantzel Rd, Suite103  
San Tan Valley, AZ 85140

**TUCSON**  
2001 W. Orange Grove Road, Suite  
104  
Tucson, AZ 85704

**GILBERT**  
3645 South Rome Street, Suite 201  
Gilbert, AZ 85297

**GLENDALE**  
5681 W. Beverly Lane, Suite 100  
Glendale, AZ 85306-9802

**PARADISE VALLEY**  
4550 E. Bell Rd, Bldg. 8, Suite 170  
Phoenix, AZ 85032

**PRESCOTT**  
1958 Commerce Center Circle  
Prescott, AZ 86301

**SUN CITY**  
10615 W Thunderbird Blvd #B100  
Sun City, AZ 85351