

Checklist for Stelara (ustekinumab) SQ Administration for Ps and PsA Referral

Required documentation for all initial referrals

Patient _____ DOB _____ Date _____

Please return **completed** checklist and checklist items for an infusion referral:

- Patient demographics (e.g. address, phone number, SSN, etc.)
- Insurance information and copy of insurance card(s). Please indicate the insurance that is primary, and the insurance that is secondary, if applicable, and the subscriber's date of birth.
 - If insurance requires prior authorization, please provide the phone number and allow up to 15-30 days for this to be completed by one of our Infusion Coordinators.
- Signed and completed Stelara Standard Order (our order form) with ICD diagnosis code
 - *Standard Order forms are available at lowcountryrheumatology.com/infusions/*
- Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy, and how long patient has been on Stelara.
- Lab results and/or tests to support diagnosis.
 - Pre-Screening:
 - **Required TB screening results:** PPD (*within 1 year*) or QuantiFERON Gold Test (*within 3 years*)
 - **Required Hepatitis screening (*within 1 year*):** Hepatitis B Surface Antigen, Hepatitis B Surface Antibody, and Hepatitis B Core Antibody results
- Please indicate name and direct phone number of a contact within your office that we can speak with to obtain any additional information:
 - Name: _____
 - Phone Number: _____

Paperwork can be faxed or emailed to (843)-824-2327, infusionemail@articularishealthcare.com

Infusion Coordinators Brenna, Sadie or Stephanie will assist you with any questions at
(843)-572-8932

Low Country Rheumatology Infusion Locations

Please mark preferred location and we will do our best to accommodate, however we cannot make any guarantees.

Summerville

2001 2nd Ave, Suite 201, Summerville, SC 29486

Mount Pleasant

1165 Chuck Dawley Blvd, Mt. Pleasant, SC 29464

West Ashley

2291 Henry Tecklenburg Drive, Charleston, SC 29414

Low Country Rheumatology Infusion Services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our Infusion Coordinators will notify you if any further information is required. The patient will have an annual 30-minute consult with our NP to obtain H&P for chart. We will review financial responsibility with the patient and refer them to any available co-pay assistance as required. Thank you for the referral!

Standard Orders for Stelara (ustekinumab) SQ Administration for Ps and PsA

Patient _____ DOB _____ Date _____

***NOTE:** Patient is ineligible to receive Stelara if they have suspected infectious process-

Indication:

<input type="checkbox"/> L40.52 Active psoriatic arthritis	<input type="checkbox"/> L40.0 Moderate to severe plaque psoriasis
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History:

- Inadequate response or intolerance to Immunomodulators (list) _____
- Recent or upcoming surgery? Yes No
- HBsAg, HBsAb, HB core Ab, and HCAb, Quantiferon, PPD or Tspot Neg (send copies of lab results)

Orders:

- Standard Order Protocol:
 - Confirm current PPD, Tspot, or CXR;
 - Confirm HBsAg, HBsAb, HB core Ab, and HCAb negative
 - Obtain patient weight
 - Evaluate patient for active infections, prior or upcoming surgical procedures, medication allergies, or any current health concerns as noted on Infusion Record
 - Baseline vitals will be obtained prior to administration.
 - **If drug reaction occurs monitor the patient and initiate reaction protocol per Articularis Healthcare Policy and Procedure Manual.**
 - Discharge instructions to include possible infusion side effects and follow-up appointment schedule

Dose:

Adult Psoriasis

- Less than or equal to 100kg- 45mg SQ at weeks 0, 4 and then Q 12 weeks
- Greater than 100kg- 90mg SQ at weeks 0, 4 and then Q 12 weeks

Adult Psoriatic Arthritis

- 45mg SQ at weeks 0, 4 and then Q 12 weeks

Adult Psoriatic Arthritis with Moderate-Severe Psoriasis

- Less than or equal to 100kg- 45mg SQ at weeks 0, 4 and then Q 12 weeks
- Greater than 100kg- 90mg SQ at weeks 0, 4 and then Q 12 weeks

Administration

- Give SQ in upper arms, gluteal regions, thighs, or any quadrant of abdomen in an area different than the previous injection
- 90mg dose administer as 2 injections in 2 separate locations

Premedicate:

PRN pre-medication:

- No Pre-medication
- 1000 mg Acetaminophen PO 25mg Benadryl PO Other _____

Additional orders/comments:

Practice Name: _____

NPI: _____

Physician Name: _____

State License: _____

Physician Signature: _____

DEA #: _____

Date: _____

UPIN: _____