



GREATER BOSTON INFUSION CENTER

17/19 Kendrick St, Wrentham, MA 02093

P 774-581-0032 | F 774-581-0033

PAGE 1

Stelara - Referral Checklist

Referral packet checklist

Complete this page and attach the supporting items below.

PATIENT & REFERRING PROVIDER

PATIENT NAME

DOB

DATE

REFERRING PROVIDER

NPI

DIRECT CONTACT / EXT.

OFFICE / PRACTICE

PHONE

FAX

EMAIL

URGENT CLINICAL CONTACT

REQUIRED REFERRAL PACKET

- ☐ Patient demographics and contact information
- ☐ Primary and secondary insurance information; front/back card copies
- ☐ Supporting clinical notes / office visits documenting Stelara treatment plan
- ☐ Current medication list and allergies
- ☐ Relevant laboratory results / imaging and baseline safety information
- ☐ Completed Stelara prescribing order (following page)

MEDICATION-SPECIFIC CLINICAL DOCUMENTATION

- Note should include any therapies tried/failed, and must include discussion about Stelara
- Medication list and allergies
- Baseline: negative TB screening
- Recommended: baseline CBC w diff and CMP

GBIC INTERNAL USE

REFERRAL RECEIVED

BENEFITS VERIFIED

PA STATUS / THROUGH

SCHEDULED



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Prescribing Order - Stelara (ustekinumab)

ORDER DETAILS

DATE OF ORDER

PATIENT NAME

DOB

M/F

DIAGNOSIS / ICD-10

☐

NKDA

PATIENT WEIGHT

ALLERGIES

PREMEDICATIONS

☐

Acetaminophen 1000mg PO

☐

Diphenhydramine 25mg IV

☐

Loratadine 10mg or Cetirizine 10mg PO

☐

Solu-medrol 125mg IV

☐

Diphenhydramine 25mg PO

☐

Other

LAB ORDERS

☐

STELARA MEDICATION ORDER

☐

Initial Induction Infusion: Indicated for Crohn's Disease and Ulcerative Colitis

Dilute in 250ml 0.9% Sodium Chloride and administer intravenously over 1 hour using 0.2 micron filter.

☐

260mg (up to 55kg)

☐

390mg (55 - 85kg)

☐

520mg (>85kg)



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Prescribing Order - Stelara (ustekinumab) (continued)

ADMINISTRATION & MONITORING

- ✓ Do not administer if patient has active signs or symptoms of infection.
- ✓ In case of infusion reaction, STOP infusion and follow GBIC infusion reaction protocol. Notify physician.
- ✓ Signature Date

PROVIDER AUTHORIZATION

ORDERING PROVIDER NAME	NPI	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>

SIGNATURE

OFFICE PHONE / EXT.

Handwritten or compliant electronic signature