

**PROVIDERS: Please include the following to expedite the order:**

Patient Demographics; Insurance Information; All Clinical Documentation Supporting the Diagnosis Including Any Previous or Current Therapies, Pertinent Labs, or Diagnostic Testing; Recent Labs (TB Results)

### PATIENT INFORMATION

Referral Status:  New Referral  Updated Order  Order Renewal  Home Infusion

Patient Name: \_\_\_\_\_ Patient Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

ICD-10 code (required):  K50. \_\_\_\_  K51. \_\_\_\_ ICD Description: \_\_\_\_\_

Allergies: \_\_\_\_\_ Weight (lbs/kg): \_\_\_\_\_ Height: \_\_\_\_\_

Patient Status:  New to Therapy  Continuing Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

### PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### NURSING

Center will use Hypersensitivity protocol established by Infuse One Ohio

TB Results (list results/date & attach clinicals):  
\_\_\_\_\_

### THERAPY ADMINISTRATION

For Crohn's Disease and Ulcerative Colitis

Ustekinumab Intravenous Infusion

Dose:

55kg or less: 260mg

56kg - 85kg: 390mg

>85kg: 520mg

*To ensure that a brand name product is dispensed, the prescriber must handwrite "Brand Medically Necessary" on the prescription form. If not indicated, Infuse One Ohio is authorized to administer a generic or biosimilar.*

### PRE-MEDICATION ORDERS

*Pre-Medications not usually indicated.*

Diphenhydramine  25mg /  50mg  PO /  IV

Acetaminophen  500mg /  650mg /  1000mg PO

Other: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

### SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
Provider Name (Print) Provider Signature Date

Please check this box if you DO NOT authorize Infuse One Ohio to complete a Peer-to-Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.