



**PATIENT INFORMATION**

*Demographics attached*

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

**INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION /MEDICAL CARD(S), FRONT AND BACK**

**MEDICAL INFORMATION**

Patient Weight: \_\_\_\_\_ lbs.

Allergies: \_\_\_\_\_

Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached

TB documentation attached

TB Protocol: Baseline testing: Quantiferon Gold (QFT Gold) or PPD.  Yearly TB Screening (*optional*)

**Labs:** Required labs to be drawn by:  Infusion Clinic  Referring Physician

**Lab Orders:** \_\_\_\_\_

**STELARA ORDERS**

Diagnosis:  Plaque Psoriasis ICD-10 Code: \_\_\_\_\_  Psoriatic Arthritis ICD-10 Code: \_\_\_\_\_

Patients weighing < 100kg (220 lbs.), 45mg subQ initially and 4 weeks later, followed by 45mg every 12 weeks

Patients weighing > 100kg (200 lbs.), 90mg subQ initially and 4 weeks later, followed by 90mg every 12 weeks

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

Diagnosis:  Crohn's Disease ICD-10 Code: \_\_\_\_\_  Ulcerative Colitis ICD-10 Code: \_\_\_\_\_

Stelara Initial Infusion:  <55kg (121 lbs.) 260mg IV over 1 hour x 1 dose

55kg to 85kg (121 lbs. to 187 lbs.) 390mg IV over 1 hour x 1 dose

>85kg (187lbs.) 520mg IV over 1 hour x 1 dose

Stelara Maintenance:  90mg SQ 8 weeks after initial infusion and then refill every 8 weeks for 1 year for a total of 6 refills

**Additional Orders/Comments:**

**PHYSICIAN INFORMATION**

*By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc. and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.*

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**INFUSION CENTER LOCATIONS**

**Phone: 877-365-5566**  
**Fax: 855-889-2946**

**Texas**

Arlington  Austin  Dallas  Houston  North Hills  
 Plano  Round Rock  San Antonio  Stone Oak

**Tennessee**

Knoxville

**Georgia**

Atlanta

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