



Stelara (Ustekinumab) Infusion & Subcutaneous Injection Order Form

Patient Information

Patient Name: _____ DOB: _____ M F

Allergies: _____ Allergies to Latex: Yes No

New Treatment Continuing Treatment Last Treatment Date: _____ Next Due Date: _____

Diagnosis and ICD 10 Code (Required)

- Moderate to Severe Ulcerative Colitis ICD 10 Code: K51.90
- Active Psoriatic Arthritis ICD 10 Code: L40.52
- Moderate to Severe Crohn's Disease ICD 10 Code: K50.90
- Moderate to Severe Plaque Psoriasis ICD 10 Code: L40.0

Required Labs

TB/QuantIFERON (within 12 months & attach results)

Hepatitis B Status & Date: _____

Most recent CBC & CMP (attach results)

Pre-Medication Orders

Acetaminophen (Tylenol) 500mg 650mg 1000mg PO

Diphenhydramine (Benadryl) 25mg 50mg PO IV

Methylprednisolone (Solu-Medrol) 125mg IV

Ondansetron (Zofran) 4mg 8mg PO IV

Other: _____ Route: _____

Dose: _____ Frequency: _____

Nursing

Provide nursing care per Smart Infusion Nursing Procedures,
Including reaction management and post-procedure observation.

Special Instructions / Notes

Stelara Medication Order

Patient Weight: _____ KG

Stelara Infusion & Subcutaneous Injection

Dosage: 260mg IV 390 mg IV 520mg IV

Frequency: Single intravenous infusion

Dosage: 90mg - Subcutaneous injection

Frequency: Subcutaneous injection 8 weeks after initial IV dose and every 8 weeks thereafter

Stelara Subcutaneous Injection

Dosage: 45mg 90mg

Frequency:

Induction week 0 and 4 then every 12 weeks

Maintenance every 8 weeks

Maintenance every 12 weeks

Other _____

Required Documents

Patient Demographic Sheet

H & P within the past 6 months

Current Medication List

Clinical & Progress Notes (including last infusion note)

Copy of Insurance Card (Front/Back)

Location

Eau Claire

Weston

Middleton

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____