



Patient Name: _____
 DOB: _____
 Date of Last Infusion _____
 Insurance: _____

Clinic Location: _____
 Merrimack, NH
 Concord, NH

Ustekinumab (Stelara®) Treatment Orders

Diagnosis (please provide ICD-10 code in space provided):

_____ Plaque psoriasis (ICD-10) _____ Psoriatic arthritis (ICD-10) _____ Crohn’s Disease (ICD-10)
 _____ Other (ICD-10) _____

- Hold treatment and notify provider for:
 - Signs or symptoms of illness or active infection
 - Cough, night sweats, unexplained weight loss
 - Planned/recent surgical procedures
 - Neurological changes
 - Recent live vaccinations
- Following *initial* Stelara treatment, observe patient for 15 minutes for hypersensitivity. If reaction occurs, initiate Hypersensitivity Reaction Management Policy/Protocol as clinically indicated.
 - Patients who have previously tolerated Stelara do not require observation period.

Dosing Schedule: Please select all that apply (IV only, IV + SC or SC only)

<input type="checkbox"/> Initial Intravenous Dose
On Week 0, administer Stelara <input type="checkbox"/> 260 mg <input type="checkbox"/> 390 mg <input type="checkbox"/> 520 mg mixed in 250ml 0.9% NaCl over 1 hour using an in-line, sterile, non-pyrogenic low-protein binding filter (pore size 0.2 micrometer).
<input type="checkbox"/> Subcutaneous Maintenance Dosing
On Week 8, administer Stelara <input type="checkbox"/> 45 mg/0.5 ml <input type="checkbox"/> 90 mg/ml subcutaneously in the upper arm, abdomen or upper thigh.
<input type="checkbox"/> Repeat every 8 weeks <input type="checkbox"/> Other: _____
<input type="checkbox"/> Subcutaneous Dosing Only
Administer Stelara <input type="checkbox"/> 45 mg/0.5 ml <input type="checkbox"/> 90 mg/ml subcutaneously in the upper arm, abdomen or upper thigh.
<input type="checkbox"/> Week 0, Week 4, then every 12 weeks <input type="checkbox"/> Every 12 weeks <input type="checkbox"/> Other: _____

Provider name (print): _____ Date: _____

Provider signature: _____ Time: _____

Revised 10/1/18. Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer’s instructions as necessitated by product availability.