



159 Fountains Blvd. Madison, MS 39110  
Phone: 601-859-8200 Fax: 601-859-8201

**STELARA (USTEKINUMAB)  
MEDICATION ORDERS**

**\*\*REQUIRED INFORMATION\*\***

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, Labs & Tests** supporting primary diagnosis (ICD-10 below)
- TB documentation
- TB Protocol:** Baseline testing: QuantiFERON Gold (QFT Gold) or PPD.  Yearly TB Screening (*Optional*)

<b>Patient Name:</b>	<b>DOB:</b>
<b>Allergies:</b>	<b>Patient Phone:</b>

**Diagnosis:**  Plaque Psoriasis (ICD-10: \_\_\_\_\_)       Psoriatic Arthritis (ICD-10: \_\_\_\_\_)

Pt. Weight \_\_\_\_\_ kg

**Stelara:**  Patients weighing < 100kg, 45mg subQ initially and 4 weeks later, followed by 45mg every 12 weeks  
 Patients weighing > 100kg, 90mg subQ initially and 4 weeks later, followed by 90mg every 12 weeks  
 Other: \_\_\_\_\_

**Diagnosis:**  Crohn's (ICD-10: \_\_\_\_\_)       Ulcerative Colitis (ICD-10 \_\_\_\_\_)

Pt. Weight \_\_\_\_\_ kg

**Stelara Initial Infusion:**  <55kg 260mg IV over 1 hour x 1 dose  
 55kg to 85kg 390 mg IV over 1 hour x 1 dose  
 >85kg 520 mg IV over 1 hour x 1 dose

**Stelara Maintenance:**  90 mg SQ injection every \_\_\_\_\_ weeks x \_\_\_\_\_ refills  
 Other \_\_\_\_\_

**Additional Instructions:**

**Required labs to be drawn by:**  Infusion Center  Referring Physician

**Lab orders:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**Premedication Orders:**  Tylenol 650mg  Benadryl 25mg PO  OTHER \_\_\_\_\_

**Additional Orders** \_\_\_\_\_

<b>Physician Name:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>**Physician Signature:</b>	<b>Date:</b>	

