



Ustekinumab (Stelara®)

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes.
Trinity Health will obtain any necessary medication authorizations for patients receiving infusion therapies.

Order Date: _____

Referral Status: [] New Referral [] Dose or Frequency Change [] Renewal

Patient Name: _____
Date of Birth: _____
Weight: _____ kg Height: _____ cm
Allergies: _____
Primary Insurance: _____
Member ID: _____
Secondary Insurance: _____
Member ID: _____

Diagnosis
Diagnosis Code (ICD-10): _____
Indication: _____
Target start date: _____
Labs
[] Interferon gamma for TB, whole blood
[] CBC and differential

Date of negative Tuberculosis Screen: _____ Date of Negative Hepatitis Screen: _____

Hold and notify provider: Patient has signs/symptoms of an active serious infection.

Pre-medications: No routine pre-medications are routinely given. Pre-medications may be ordered at physician discretion.
Table with 3 columns: Medication, Dose, Route. Includes Acetaminophen, Loratadine, Diphenhydramine, Famotidine, Hydrocortisone, and Methylprednisolone.

Crohn's Disease and Ulcerative Colitis
Induction Therapy (IV)
< 55 kg: [] 260mg once
>55 kg to 85 kg: [] 390mg
>85 kg: [] 520 mg
Maintenance Therapy (SubQ)
[] 90 mg every 8 weeks; begin maintenance dosing 8 weeks after the IV induction dose
Plaques Psoriasis
≤100 kg (SubQ): [] 45 mg at 0 and 4 weeks, and then every 12 weeks thereafter.
>100 kg (SubQ): [] 90 mg at 0 and 4 weeks, and then every 12 weeks thereafter.
Psoriatic Arthritis
Initial and maintenance (SubQ): [] 45 mg at 0 and 4 weeks, and then every 12 weeks thereafter.

Nursing Orders
Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy if necessary.
sodium chloride 0.9 % bolus 500 mL PRN; acetaminophen tablet 650 mg PRN; albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg PRN; albuterol HFA inhaler 2 puff PRN; epinephrine injection 0.3 mg PRN; famotidine injection 20 mg PRN; diphenhydramine injection 50 mg PRN; diphenhydramine injection 25 mg PRN; hydrocortisone sodium succinate injection 100 mg PRN.

Provider Name: _____ Provider Signature: _____
Office Phone Number: _____ Office Fax Number: _____
Attending Physician Name: _____
(If ordering provider is an advanced practice practitioner)
Note: This order is valid for 12 months from date of physician signature.