

# STELARA

(ustekinumab)

## Injection Order



249 Danbury Rd. Wilton, CT 06897  
 400 Columbus Ave, Valhalla, NY 10595  
 127 Washington Ave, North Haven, CT 06473  
 220 Farmington Ave, Farmington, CT 06032  
Ph: 203-883-0038 Fax: 203-724-4838

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ M  F

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

Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD- 10: \_\_\_\_\_

### Please fax a copy of the following patient information:

Recent progress Note       Current CBC & CMP       TB & Hep B Results (*upon initiation*)

TB test date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_ (*can be PPD skin test or QuantiFERON TB gold blood test*)

Hep B (HBsAg and anti- HBV) test date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

## STELARA INJECTION ORDER

### DOSAGE

45mg       90mg

### FREQUENCY

- Loading dose: at weeks 0 and 4, then every 12 weeks, subcutaneous injection.
- Maintenance Dose: subcutaneous injection 8 weeks after initial IV dose then every 8 weeks.

### NOTES:

Provider's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_