Stelara

(ustekinumab - Including biosimilars: Wezlana, Yesintek, Selarsdi, Pyzchiva, Steqeyma)



PATIENT	DEMOGE	RAPH	IIC INF	ORMATION						
Patient Na	me:								Phone:	
Date of Bir	th:			Addr	ess:					
Allergies	See List	Ν								
Weight:		kg	lbs	Height:		in	cm	Email	ll:	
PRIMAR	Y DIAGNO	SIS								
K50.019 K50.10 (K50.90)	Crohn's dise Crohn's disea Crohn's disea	ease of ase of l ase, ur	f small in arge inte nspecifie	estine without of testine with uns estine without comp ed, without comp tis without comp	pecified co omplication olications (omp (CE ns (CD) CD)			K51.90 Ulcerative colitis, unspecified, w/o complications (UC) L40.5 Psoriatic Arthritis (PsA) L40.9 Plaque Psoriasis (Ps) Other:	
PRESCR	RIPTION									
auto-subst	itution, plea Colitis (U	ase ind C) or	dicates Crohn' : ≤5	pecific brand r s Disease (CE 5kg (<121lbs) 2	equired: _)) 260mg IV (over1h	nour x 1 (dose	used according to payor guidelines. To prohibit 1 hour x 1 dose	
				5kg (>187lbs) {			_			
Maintenan	ce Dose	90)mg sub	cutaneously 8	3 weeks af	ter initi	alinfusi	on and	then refill every 8 weeks x 1 year	
Plaque Psoriasis or Psoriatic Arthritis Patients weighing <100kg (220lbs), 45 mg subQ initially and 4 weeks later, followed by 45mg every 12 weeks x 1 year Patients weighing >100kg (220lbs), 90mg subQ initially and 4 weeks later, followed by 90mg every 12 weeks x 1 year Other:										
		-						No		
REQUIR	ED DOCUI									
	e Card							nerapies		
ANCILL	ARY ORDE	RS								
ADVERSE	REACTION	1A & N	NAPHYI	_AXIS ORDER	S					
Infusi	ion Care Ce	enters	'protoc	ol (See aiscaregr				ed	Other: Please fax other reaction orders if checking this box	
PRE-MED	DICATIONO	RDE	RSPRO	TOCOL						
	fusion cent		otocol: N	lo pre-meds re	ecommen	ided fo	r Stelar	a P	Provider Prescribed:	
Othe		ers: Pl	doses of this medication in the past? Yes No se otherwise noted: NTATION Patient Demographics							
Pleas	se list any lal	bs to k	oe draw	n by the infusion	on clinic: _					
	IBER INF									
Office Con	tact Persor	า:					En	nail:		
Prescriber I certify that	Signature: the use of the	e indica	ated trea	tment is medica	lly necessa	ary, and	l will be s	supervisi	Date: ing the patient's treatment.	