



NEW ENGLAND

Cancer Specialists

Infusion Center

Kennebunk · Portsmouth · Scarborough · Topsham

Phone: 207-303-3225 Fax:207-692-2473

Stelara (Ustekinumab)-J3357

Patient Name: _____	DOB: _____
Diagnosis: _____	Diagnosis Code: _____
Height: _____(cm)	Actual Weight: _____(kg)
Allergies: _____	

Required labs: TB screening prior to starting then periodically during therapy

Please list any premeds needed _____.

Crohn Disease and Ulcerative Colitis: Induction IV

≤ 55 kg: 260mg IV as a single dose

55 kg to 85 kg: 390mg IV as a single dose

>85kg: 520mg IV as a single dose

Maintenance SubQ dosing: 90mg every 8 weeks

Plaque Psoriasis: SubQ

≤ 100 kg: 45mg SubQ at Initial 4 weeks every 12 weeks

>100 kg: 90mg SubQ at Initial 4 weeks every 12 weeks

Psoriatic Arthritis: SubQ

45 mg SubQ at Initial 4 weeks every 12 weeks

Patients with psoriatic arthritis and moderate to severe plaque Psoriasis in patients >100kg

90 mg SubQ Initial 4 weeks every 12 weeks

*** In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.**

Provider Name: _____
Provider Signature: _____ Date: _____
Phone: _____ Fax: _____ Pager: _____