



INFUSE ONE

(ustekinumab)

# STELARA IV infusion orders

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

DOB \_\_\_\_\_

Phone \_\_\_\_\_

M

F

**DIAGNOSIS** *Please provide ICD-10 code*

Crohn's Disease

*(other)*

**PRE-MEDICATION**

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

**STELARA IV ORDERS**

DOSAGE		PATIENT WEIGHT
up to 55kg -	<b>260mg</b> (2 vials)	lbs.
greater than 55kg to 85kg -	<b>390mg</b> (3 vials)	kg
greater than 85kg -	<b>520mg</b> (4 vials)	
<b>FREQUENCY</b>		
initial infusion followed by SQ injections self-administered		
<i>(follow-up maintenance injections to be coordinated by a specialty pharmacy and are not part of this order)</i>		

**NOTES**

**ORDERING PROVIDER**

Signature  X  \_\_\_\_\_ Date \_\_\_\_\_

Provider

Phone

Fax