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## STELARA IV (ustekinumab) Infusion Orders

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (lb/kg)

### Diagnosis

- \_\_\_\_\_ Crohn's Disease
- \_\_\_\_\_

### Pre-Medication

- Tylenol 1000mg PO
- Cetirizine 10mg PO
- Diphenhydramine 25mg PO
- Solu-Medrol 125 IVP
- Solu-Cortef 100mg IVP
- Diphenhydramine 25mg IVP
- \_\_\_\_\_
- \_\_\_\_\_

### Orders

#### Dosage

- Up to 55kg – **260mg (2 vials)**
- Greater than 55kg to 85 kg – **390mg (3 vials)**
- Greater than 85kg – **520mg (4 vials)**

#### Frequency:

- Initial infusion followed by SQ injections, self-administered
- \* follow up maintenance injections to be coordinated with a specialty pharmacy and are not part of this order*

### Notes

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Ordering Provider

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Provider: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 NPI: \_\_\_\_\_ DEA: \_\_\_\_\_