

Stelara (ustekinumab) Infusion/Injection Orders

Patient Name: _____ DOB: _____ Male Female

Diagnosis (please provide ICD10 code) _____

New Start Therapy Continuation of Therapy Date of last dose (if applicable): _____

NKDA Allergies: _____

Ordering Provider: _____

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

PRE-MEDICATION

- Acetaminophen 1000mg PO Solu-Medrol 125mg IVP
 Diphenhydramine 25mg PO Solu-Cortef 100mg IVP
 Ceterizine 10mg PO Diphenhydramine 25mg IVP

REQUIRED TESTING/LABS

- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached
 TB status and date (please attach results): _____

STELARA ORDERS

Initial Stelara Induction Infusion:

Dilute in 250ml 0.9% Sodium Chloride and administer intravenously over 1 hour using 0.2 micron filter tubing
Recommended IV dosing based on weight (please choose one):

- 260mg (2 vials) / up to 55 kg
 390mg (3 vials) / greater than 55 kg to 85 kg
 520mg (4 vials) / greater than 85 kg

Initial Stelara Induction Infusion (above) followed by Maintenance Subcutaneous Injections: Dose: 90mg

Frequency: subcutaneous injection at week 8 (after initial infusion) and every 8 weeks thereafter

Maintenance Subcutaneous Injections Only (no induction infusion required) Dose: 90mg

Frequency: subcutaneous injection q 8 weeks

Sage Infusion Standing Orders:

- Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name

Provider Signature

Date