

## STELARA (ustekinumab) Infusion Orders

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ☐ M ☐ F

☐ NKDA Allergies: \_\_\_\_\_

☐ New Start therapy ☐ Continuation of Therapy Date of last dose (if applicable): \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Practice Phone: \_\_\_\_\_ Practice Fax: \_\_\_\_\_

### Diagnosis *(please provide ICD-10 code):*

☐ \_\_\_\_\_ Crohn's Disease (CD) ☐ \_\_\_\_\_ *(other)*

#### Pre-Medication:

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

#### Required Documents:

- ☒ Patient Demographic Sheet  
☒ Clinical/Progress notes, labs, tests supporting primary diagnosis *(please attach)*  
☒ TB Status & Date *(please attach results)*

### STELARA ORDERS:

- ☒ Dilute in 250 mL 0.9% sodium chloride and administer IV over 1 hour using 0.2-micron filter tubing.

Induction Dosing: ☐ 260mg (2 vials) / up to 55kg

Pt. weight: \_\_\_\_\_  
*(ensure unit of measure is noted)*

☐ 390mg (3 vials) / greater than 55kg to 85kg

☐ 520mg (4 vials) / greater than 85kg

Frequency: ☐ initial induction infusion followed by SQ injections self-administered

*\*follow-up maintenance injection to be coordinated by a specialty pharmacy and are not part of this order.*

### Red River Health Standing Orders:

- ☒ Provide treatment under Red River Health's Biologic Therapy Policy and Adverse Reaction Management Protocol. *\*Copy can be provided per request.*

Ordering Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_