

(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

Solu-Medrol 125mg IVP

Diphenhydramine 25mg PO

Solu-Cortef 100mg IVP

Cetirizine 10mg PO

Diphenhydramine 25mg IVP

STELARA IV ORDERS

| DOSAGE | | PATIENT WEIGHT |
|--|------------------------|----------------|
| up to 55kg - | 260mg (2 vials) | lbs. |
| greater than 55kg to 85kg - | 390mg (3 vials) | kg |
| greater than 85kg - | 520mg (4 vials) | |
| FREQUENCY | | |
| 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

Please return by fax to: (806) 503-2200 or email to: referrals@icareama.com.