

# Stelara Order

(Ustekinumab)



Ph: 805-719-3700 | Fax: 805-852-2636

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Treatment Location: \_\_\_\_\_

**\*Please fax a copy of the following patient information:**  Demographics  Insurance Information  Current Lab Results  
 H & P Relevant to the Diagnosis  Current Medications  TB Results

## PATIENT INFORMATION

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

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs / kg Height: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10: \_\_\_\_\_

## PROVIDER INFORMATION

Printed Provider's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## TB TEST

Result: \_\_\_\_\_ Test Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Copy Attached

## PRE-MEDICATIONS:

Benadryl:  PO  IV  25mg  50mg  Pre-med  PRN

Acetaminophen:  PO  650mg  Pre-med  PRN

Claritin or  Zyrtec  PO  10mg  Pre-med  PRN

Solu-Medrol:  IV  \_\_\_\_ mg  Pre-med  PRN

Normal Saline Bolus:  IV  250mL  Pre-med  PRN

Zofran:  PO  IV  \_\_\_\_ mg  Pre-med  PRN

## STELARA (USTEKINUMAB) IV DOSAGE

### Crohn's Disease

55kg or less: 260mg  56 kg - 85 kg: 390mg  >85 kg : 520 mg

Intravenous induction dose x 1 dose over 1 hour in 250 mL normal saline