

# Ustekinumab (Stelara)

Provider Order Form rev. 3/1/2023



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## PATIENT INFORMATION

Referral Status:  New Referral  Updated Order  Order  
Renewal

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight (lbs/kg):	Height:
<b>Patient Status:</b> <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy	Last Treatment Date:	Next Due Date:

## PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

## NURSING

- TB status & date (list results here & attach clinicals)
- Provide nursing care per 360 Infusion Center Nursing Procedures, including reaction management and post-procedure observation

## PRE-MEDICATION ORDERS

- acetaminophen (Tylenol)  500mg /  650mg /  1000mg PO
- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- diphenhydramine (Benadryl)  25mg /  50mg  PO /  IV
- methylprednisolone (Solu-Medrol)  40mg /  125mg IV
- hydrocortisone (Solu-Cortef)  100mg IV
- Other: \_\_\_\_\_  
Dose: \_\_\_\_\_ Route: \_\_\_\_\_  
Frequency: \_\_\_\_\_

## SPECIAL INSTRUCTIONS

## THERAPY ADMINISTRATION

- ustekinumab** (Stelara) in 250ml 0.9% sodium chloride, intravenous infusion, use in line filter 0.2 micron
  - Dose:  260mg (2 vials) /  390mg (3 vials) /  520mg (4 vials)
  - Frequency: single intravenous infusion (week 0)
  - Route: intravenous
  - Infuse over at least 60 minutes
  - Flush with 0.9% sodium chloride at infusion completion
- ustekinumab** (Stelara) one-time intravenous infusion followed by subcutaneous dose 8 weeks later
  - Dose:  260mg (2 vials) /  390mg (3 vials) /  520mg (4 vials)
  - Frequency: single intravenous infusion (week 0)
  - Route: intravenous
  - Infuse over at least 60 minutes
  - Flush with 0.9% sodium chloride at infusion completion
  - SC Dose:  90mg
  - Frequency: subcutaneous dose at week 8 after week 0 intravenous dose and every 8 weeks thereafter
  - Route: subcutaneous
- Subcutaneous ustekinumab** (Stelara)
  - Dose:  0.75mg/kg /  45mg /  90mg
  - Frequency:  induction: week 0 and 4, then every 12 weeks /  maintenance: every 12 weeks /  other: \_\_\_\_\_
  - Route: subcutaneous
- Patient is required to stay for 30-minute observation
- Refills:  Zero /  for 12 months /  \_\_\_\_\_  
(if not indicated order will expire one year from date signed)

Provider Name  
(Print)

Provider Signature

Date