



(ustekinumab)

STELARA IV infusion orders

Patient Name

DOB

Phone

M

F

DIAGNOSIS *Please provide ICD-10 code*

Moderate to Severe Plaque Psoriasis ICD 10 Code: L40.0

Active Psoriatic Arthritis ICD 10 Code: L40.52

Moderate to Severe Crohn's Disease ICD 10 Code: K50.90

Moderate to Severe Ulcerative Colitis ICD 10 Code: K51.90 *(other)*

PRE-MEDICATION

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

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>	

REQUIRED DOCUMENTATION

- This signed order form by the provider
- Patient demographics AND insurance information
- TB Test Results
- Clinical/Progress notes supporting primary diagnosis
- Labs and Tests supporting primary diagnosis
- Hepatitis B Test Results: HBsAg & HepB Core w/reflex IgG and IgM
- Notes

ORDERING PROVIDER

Signature X Date

Provider

Phone

Fax