

# Stelara (Ustekinumab)

Provider Order Form rev. 4/10/2022

## PATIENT INFORMATION

Referral Status (check one):  New Referral  Updated Order  Order Renewal

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

NKDA  Allergies: \_\_\_\_\_ Weight \_\_\_\_\_ Please specify:  lbs  kg Height: \_\_\_\_\_

Patient Status (check one):  New to Therapy  Continuing Therapy | Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

ICD-10 code (required): \_\_\_\_\_ ICD-10 description: \_\_\_\_\_

**REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.**

## PRESCRIPTION

### NURSING

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

### LABORATORY ORDERS

- CBC  at each dose  every \_\_\_\_\_
- CMP  at each dose  every \_\_\_\_\_  
[CMP includes serum blood glucose]
- Other: \_\_\_\_\_

### 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: \_\_\_\_\_

### 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)

## SPECIAL INSTRUCTIONS

## PROVIDER INFORMATION

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

Provider Name (Print)

Provider Signature

Date