



249 Danbury Road, Wilton, CT 06897

400 Columbus Ave, Valhalla, NY 10595

(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

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

## STELARA INTRAVENOUS ORDERS

DOSAGE		PATIENT WEIGHT		
up to 55kg -	<b>260mg</b> (2 vials)		lbs.	
greater than 55kg to 85kg -	<b>390mg</b> (3 vials)		kg	
greater than 85kg -	<b>520mg</b> (4 vials)			
		HEIGHT	ft	in
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