

## Stelara (ustekinumab) | Order Form

Patient Name:

DOB:

Phone:

Address:

City:

State:

Zip:

### 1. For new patients, please submit with form:

- Copy of insurance card
- Patient demographics
- History & physical
- Labs
- Tuberculosis (TB) screening results

### 2. Patient Information

Male  Female Height:       in/ cm Weight:       lbs/ kg  NKDA Allergies

Line type (if applicable):  PIV  PICC  Port  Other:

### 3. Diagnosis and Clinical Information ICD-10 (required):

Crohn's disease  Ulcerative colitis  Plaque psoriasis  Psoriatic arthritis  Other:

### 4. Prescription Information: Stelara (IV: 130 mg/26 mL vials; SQ: 45 mg/0.5 mL vials)

Indication	Dosing
Crohn's Disease, Ulcerative Colitis	<p><input type="checkbox"/> <b>Initial Dose:</b> Infuse IV one time: <input type="checkbox"/> 260 mg (&lt;55kg) <input type="checkbox"/> 390 mg (&gt;55kg to 85kg) <input type="checkbox"/> 520 mg (&gt;85kg) Prepare infusion per manufacturer guidelines. Infuse over at least 1 hour, as tolerated, use an in-line 0.2 micron filter</p> <p><input type="checkbox"/> <b>Maintenance Dose:</b> Inject 90 mg SUBQ every 8 weeks</p>
Psoriatic Arthritis, Plaque Psoriasis	<p><input type="checkbox"/> <b>Initial Dose:</b> Inject mg SUBQ initially and then again 4 weeks later</p> <p><input type="checkbox"/> <b>Maintenance Dose:</b> Inject mg SUBQ every 12 weeks</p>
Other	<p><input type="checkbox"/> <b>Initial Dose:</b> Inject mg SUBQ initially and then again 4 weeks later</p> <p><input type="checkbox"/> <b>Maintenance Dose:</b> Inject mg SUBQ every weeks</p>
Quantity / Refills	Dispense 1 month supply / QS on all medications. Dispense medical supplies for administration Refill x 12 months <input type="checkbox"/> Other:

### 5. Additional Orders

For SQ injections: Provide skilled nursing to teach injection technique if needed

For IV infusion (if ordered): RN to start peripheral IV or use existing CVC. Administer catheter flushing per Coastal Infusion Services Policy & Procedure.

**Premedication:** Give 30 min prior to IV infusion (Note: if nothing is checked, no premedications will be given)

**Adults (or patients weighing >40kg):**

- Diphenhydramine 25-50mg PO. Patient may decline.
- Acetaminophen 325-650mg PO. Patient may decline.
- Methylprednisolone 40mg (OR mg) slow IV push  
(or an equivalent corticosteroid, substitution if needed)

**Pediatrics (weighing <40 kg): (may adjust with weight changes)**

- Diphenhydramine 1mg/kg PO
- Acetaminophen 15mg/kg PO
- Methylprednisolone 1 mg/kg (OR mg) slow IV push  
(or an equivalent corticosteroid, substitution if needed)

#### Other orders:

- RN to monitor patient post-infusion per Coastal Infusion Services Policy & Procedure and educate on possible side effects, allergic reactions, and when to contact physician

### 6. Adverse Reaction Orders: For first doses, standard anaphylaxis kit to be dispensed and dosed per protocol: Epinephrine IM/SQ (1 mg/mL vial), diphenhydramine IV/IM (50 mg/mL vial), and NS IV. Additional/other orders:

Note: If epinephrine auto-injector is required, prescriber to send prescription to retail pharmacy of patient's choice

### 7. Prescriber Information

Prescriber Name:

Office Contact:

Address:

City:

State:

Zip:

Phone:

Fax:

License #:

DEA #:

NPI:

Physician Signature (Substitution Permitted)

Date

Physician Signature (Dispense as Written)

Date

By signing I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment. Coastal Infusion Services has my permission to contact the patient's health plan to obtain any authorizations necessary to enable it to receive payment for services.

Confidential Health Information: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization and under circumstances that do not require authorization. You are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure of this information is prohibited by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law. Important Warning: This message is intended for the use of the person or entity to who it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any discrimination, distribution, or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately.