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STELARA IV (ustekinumab) infusion orders

Patient Name Phone	DOE	3 M	F
DIAGNOSIS Please provide ICD-10 code Crohn's Disease			
	(other)		
PRE-MEDICATION			
Tylenol 1000mg PO	Solu-Medrol 125mg IVP		
Diphenhydramine 25mg PO	Solu-Cortef 100mg IVP		
Cetirizine 10mg PO	Diphenhydramine 25mg IVP		
STELARA IV ORDERS			
DOSAGE		PATIE	NT WEIGHT
up to 55kg -	260mg (2 vials)		lbs.
greater than 55kg to 85kg - greater than 85kg -	390mg (3 vials) 520mg (4 vials)		kg
FREQUENCY			
•	Q injections self-administered d by a specialty pharmacy and are not part of this or		
NOTES			
ORDERING PROVIDER			
Signature X		_ Date	
Provider	Phone	Fax	