

Troy Infusion Center
600 W Main Street
Suite 120
Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629



Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
Fax: 937-401-6629

Stelara® (ustekinumab) Order Form
Epic Referral: REF115217

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** _____

Patient Weight (include unit) _____ Date weight taken: _____

Rx:

First time dose:

- 55 kg or less: Stelara (Ustekinumab) 260 mg in 250 mL 0.9% NaCl IV over 1 hour x 1 dose
- > 55 kg – 85 kg: Stelara (Ustekinumab) 390 mg in 250 mL 0.9% NaCl IV over 1 hour x 1 dose
- > 85 kg: Stelara (Ustekinumab) 520 mg in 250 mL 0.9% NaCl IV over 1 hour x 1 dose

Infuse with a 0.2-micron filter.

Last date and type of TB test: _____ (please fax results with order)

Other Comments: _____

Port/PICC care per protocol will be performed if applicable including heparin flush (500 units/5mL) and cathflo (2 mg) PRN for patients with a port

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____