



Aultman Infusion Services 2600 Sixth St. SW Canton, OH 44714
Ph 330-363-1410 Fax 330-363-2380

Infusion Order – Ustekinumab (Stelara)

Name: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Diagnosis: _____ ICD-10: _____
Allergies: _____

Please check the appropriate diagnosis and treatment regimen:

- Crohn’s Disease or Ulcerative Colitis**
 - Induction IV: Dose diluted in 0.9% NaCl to a total volume of 250 mL IVPB over 1 hour x 1 dose; low-protein binding filter (0.2 micron) required. Flush line with 30-50mL 0.9% NaCl following completion of infusion and observe patient for at least 30 minutes following the completion of the first infusion for possible infusion-related reactions. Flush IV line using 10mL 0.9% NaCl flushes for IV start and as required.
 - Up to 55 Kg – 260mg
 - 56 Kg to 85 Kg – 390mg
 - > 85 Kg – 520mg
 - Maintenance SubQ: 90 mg every 8 weeks; begin maintenance dosing 8 weeks after the IV induction dose
- Plaque Psoriasis**
 - Initial and Maintenance SubQ
 - Up to 100 Kg - 45 mg at 0 and 4 weeks, and then every 12 weeks thereafter
 - > 100 Kg - 90 mg at 0 and 4 weeks, and then every 12 weeks thereafter
 - Other: _____mg dose at 0 and 4 weeks, and then every _____ weeks thereafter
- Psoriatic Arthritis**
 - Initial and Maintenance SubQ
 - 45 mg at 0 and 4 weeks, and then every 12 weeks thereafter
 - Coexistent psoriatic arthritis and moderate to severe plaque psoriasis in patient’s > 100 Kg: Initial and Maintenance SubQ - 90 mg at 0 and 4 weeks, and then every **8 weeks** or **12 weeks** thereafter

Duration of Order: 1 year (unless otherwise specified: _____)

For Anaphylactic reactions, check which therapies to be included (patients >40kg):

- **Epinephrine** 1:1000, 0.3mg (0.3mL) IM x 1, may repeat every 5-15 minutes x 2 doses (or sooner if clinically indicated) if the patient does not respond.
- **Diphenhydramine** 50mg IV Push x 1 over 2 minutes
- **Sodium Chloride 0.9% 250mL** IV x 1 at 250mL/hour

Additional orders: _____

Physician Signature: _____ Print: _____

Date: _____ Phone: _____ Fax: _____