

TN  
100 Covey Drive  
Suite 307  
Franklin, TN 37067



# USTEKINUMAB IV infusion orders

Date: \_\_\_\_\_

## PATIENT INFORMATION

Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	

## REFERRAL STATUS

New Referral  Referral Renewal  Medication/Order Change  Benefits Verification Only  Discontinuation Order

## PHYSICIAN INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:
Ordering Provider:	Provider NPI:
Referring Practice Name:	Phone: Fax:
Practice Address:	City: State: Zip Code:

## USTEKINUMAB IV BRANDS:

Stelara  Wezlana  Selarsdi  Pyzchiva  Otulfi  Yesintek  Steqeyma

### DIAGNOSIS Please provide ICD-10 code

- \_\_\_\_\_ Chron's Disease
- \_\_\_\_\_ (other)

### PRE-MEDICATION

- |  |   |
|--|---|
| <input type="checkbox"/> Tylenol 1000mg PO       | <input type="checkbox"/> Solu-Medrol 125mg IVP    |
| <input type="checkbox"/> Diphenhydramine 25mg PO | <input type="checkbox"/> Solu-Cortef 100mg IVP    |
| <input type="checkbox"/> Cetirizine 10mg PO      | <input type="checkbox"/> Diphenhydramine 25mg IVP |
- \_\_\_\_\_ (other)                      \_\_\_\_\_ (other)

### PATIENT WEIGHT

\_\_\_\_\_ lbs.  
\_\_\_\_\_ kg

### DOSAGE:

- up to 55kg- **260mg** (2 vials)  
 greater than 55kg to 85kg - **390mg** (3 vials)  
 greater than 85kg - **520mg** (4 vials)  
 Other \_\_\_\_\_

### Frequency:

- Initial infusion followed by SQ injections self-administered  
(follow-up maintenance injections to be coordinated by a specialty pharmacy and are not part of this order)

Route:  IV  SQ

- Total dosages \_\_\_\_\_ /  Refills

## NOTES/ADDITIONAL COMMENTS:

## ORDERING PROVIDER

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_