



CONSULTANTS INC  
SPECIALIZING IN INFECTIOUS DISEASES

# Ambulatory Infusion Center

Parkway Medical Center  
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Beachwood, OH 44122

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## INFUSION ORDERS – STELARA (ustekinumab)

Date of Referral: \_\_\_\_\_ Infusion Location:  Beachwood  Middleburg Heights  Painesville

### Patient Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ WT (kg): \_\_\_\_\_ HT (in): \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD10 Code: \_\_\_\_\_

Allergies: \_\_\_\_\_

**PLEASE FAX SUPPORTING CLINICAL DOCUMENTATION, INCLUDING MEDICAL RECORDS/PROGRESS NOTES, LABS,  
and INSURANCE INFORMATION (both front and back of the card) ALONG WITH THIS FORM**

### STELARA DOSING

- Initial Dosing: a single IV infusion dose using the weight-based regimen
  - Up to 55 kg: 260 mg
  - 55 kg to 85 kg: 390 mg
  - Greater than 85 kg: 520 mg
- Maintenance Dosing: 90 mg subcutaneously 8 weeks after initial IV dosing and then every 8 weeks thereafter

Special Needs/Consideration: \_\_\_\_\_

Date of last TB test: \_\_\_\_\_ Result: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**LAB REQUIREMENTS and LAB MONITORING ARE THE RESPONSIBILITY OF THE PRESCRIBING PHYSICIANS**