



## SELARSDI (ustekinumab-aekn) Order

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sageinfusion.com

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: ☐ M ☐ F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Please Attach: ☐ Insurance cards ☐ History & Physical ☐ Most recent labs ☐ Medication list

☐ NKDA ☐ Allergies: \_\_\_\_\_

### PRESCRIBER INFORMATION

Ordering Provider Name: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### REQUIRED INFORMATION FOR EITHER LEQEMBI AND KISUNLA

☐ Clinical/Progress Notes, Labs, Tests supporting primary diagnosis

☐ TB status and date (please attach results): \_\_\_\_\_

### MEDICATION ORDERS

ICD-10 Diagnosis Codes: ☐ K50.00 Chron's disease w/o complications ☐ K51.00 Ulcerative pancolitis w/o complications  
☐ Others \_\_\_\_\_

☐ New to Therapy ☐ Continuation of Therapy: Date of last dose (if applicable): \_\_\_\_\_

### PRE-MEDICATION

☐ Acetaminophen 1000mg PO

☐ Ceterizine 10mg PO

☐ Solu-Cortef 100mg IVP

☐ Diphenhydramine 25mg PO

☐ Solu-Medrol 125mg IVP

☐ Diphenhydramine 25mg IVP

### DOSING/FREQUENCY

#### ☐ Initial SELARSDI Induction Infusion:

Dilute in 250ml 0.9% Sodium Chloride and administer intravenously over 1 hour using 0.2 micron filter tubing  
Recommended IV dosing based on weight (please choose one):

☐ 260mg (2 vials) / up to 55 kg

☐ 390mg (3 vials) / greater than 55 kg to 85 kg

☐ 520mg (4 vials) / greater than 85 kg

#### ☐ Initial Selarsdi Induction Infusion (above) followed by Maintenance Subcutaneous Injections:

Dose: 90mg Frequency: subcutaneous injection at week 8 (after initial infusion) and every 8 weeks thereafter

#### ☐ Maintenance Subcutaneous Injections Only (no induction infusion required)

Dose: 90mg Frequency: subcutaneous injection q 8 weeks

☐ Refills: \_\_\_\_\_

### Sage Infusion Standing Orders:

☒ Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name

Provider Signature

Date