



Web: www.AgileIV.com | Tel: (201) 751-2202 | Fax: (201) 266-0437 | Email: info@AgileIV.com

# STELARA IV MEDICATION ORDER

This order is only for the infusion version of Stelara, not the injectable version.

Patient's Name (Last, First, Middle) \_\_\_\_\_ DOB \_\_\_\_\_

Patient's height in feet and inches \_\_\_\_\_ Patient's weight in pounds \_\_\_\_\_

### ■ Diagnosis

- K50.90 Crohn's disease
- K52.1 Toxic gastroenteritis and colitis

### ■ Details Needed for Approval

- Provide evidence of no latent TB within 3 months or, if positive, document start of anti-TB therapy.
- Is the patient planning to concurrently receive another biologic? \_\_\_\_\_
- Has the patient had an inadequate response to a conventional agent (such as azathioprine or corticosteroids) after therapy lasting at least three (3) months? \_\_\_\_\_
- Has the patient tried another biologic immunomodulator agent that is FDA labeled for this condition? \_\_\_\_\_
- Does the patient have a history of failure, contraindication or intolerance to any of the following agents? Circle all that apply.  
6-mercaptopurine azathioprine balsalazide corticosteroids cyclosporine mesalamine methotrexate sulfasalazine
- Does the patient have enterocutaneous or rectovaginal fistulas, or had an ileocolonic resection? \_\_\_\_\_

If you answered 'Yes' to any of the above questions, or circled any medications, please provide us with comprehensive chart notes regarding those items.

### ■ Premedication Order

Oral medications to be taken by the patient at least 60 minutes prior to start of infusion treatment. May be taken at home:

- Acetaminophen \_\_\_\_\_mg
- Diphenhydramine \_\_\_\_\_mg
- Cetirizine 10mg

IV medications to be administered prior to start of the infusion treatment:

- Diphenhydramine \_\_\_\_\_mg
- Methylprednisolone \_\_\_\_\_mg
- \_\_\_\_\_

### ■ Intravenous Stelara (Ustekinumab) Induction Order

- For patients 55kg or less, 260mg administered over approximately 60 minutes
- For patients 55.1-85kg, 390mg administered over approximately 60 minutes
- For patients 85.1kg or more, 520mg administered over approximately 60 minutes

Administer according to manufacturer's instructions, with a 0.2µ filter in 250ml of normal saline. Post infusion flush line. Check vitals and monitor for signs and symptoms of an infusion reaction at start, throughout infusion, and after completion.

### ■ Rescue Management in case of Infusion Therapy Reaction

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Stop medication infusion and start normal saline infusion at 50 ml/hr. Call ordering provider to report reaction.
- Follow standing reaction orders, including Diphenhydramine, Methylprednisolone, Albuterol and oxygen as needed. Famotidine 20mg IVP for minor cutaneous reactions which do not respond to diphenhydramine.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

### ■ Ordering Provider Authorization

Provider Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Indiv. NPI #: \_\_\_\_\_ License: \_\_\_\_\_

Best Contact Person in Office: \_\_\_\_\_ Direct Phone to Contact Person: \_\_\_\_\_

**FAX THIS ORDER AND SUPPORTING DOCUMENTATION TO 201-266-0437 OR UPLOAD USING YOUR SECURE DEDICATED WEBPAGE – TO GET A PERSONAL LINK PLEASE CONTACT THE INTAKE TEAM.**