

INTRAVENOUS STELARA MEDICATION ORDER

Patient's Name (Last, First, Middle) _____ DOB: _____

■ Diagnosis

- K50.90 Crohn's disease K51.90 Ulcerative colitis

■ Details Needed for Authorization

- Proof of patient's negative latent TB test.
- Is patient concurrently being treated with any other biologic? _____
- Is the prescriber a gastroenterologist, or has prescribed the medication in consultation with a gastroenterologist? _____
- Has the patient had an inadequate response to a conventional agent (such as azathioprine, corticosteroids, sulfasalazine, etc.) after treatment for a least 3 months?
- Does the patient have an intolerance, contraindication or hypersensitivity to any of the following agents? Circle all that apply. They are: 6-mercaptopurine, azathioprine, corticosteroids, balsalazide, methotrexate, sulfasalazine, cyclosporine, mesalamine, & steroid suppositories.
- Has the patient tried another biologic immunomodulator agent that is FDA labeled for this condition?

■ 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 500mg Diphenhydramine 50mg Cetirizine 10mg

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

- Diphenhydramine 50mg Methylprednisolone _____mg _____

■ Intravenous Stelara (ustekinumab) Induction Order

Height in ft/in: _____ Weight in lbs: _____

- For patients 55kg or less, 260mg (equal to 2 vials of 130mg/26ml) administered over one hour
- For patients 55.1-85kg, 390mg (equal to 3 vials of 130mg/26ml) administered over one hour
- For patients 85.1kg or more, 520mg (equal to 4 vials of 130mg/26ml) administered over one hour

Infusion administered through 0.2 micron filtered tubing in 250ml of normal saline.

Post infusion flush with normal saline. 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.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

■ Ordering Provider Authorization

Provider's Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ NPI #: _____ License: _____

STANDARD DOCUMENTATION TO INCLUDE:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.
- If new medication for patient, chart notes which include decision to begin treatment. If not, provide last treatment date.

Fax this order and supporting documentation to (732) 329-2322.