

Patient Name

DOB

MRN

Physician

CSN

# Physician's Orders USTEKINUMAB (STELARA) FOR PSORIASIS - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

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Defaults for orders not otherwise specified below:

- Interval: **INDUCTION** – Every 28 days x 2 treatments
- Interval: **MAINTENANCE** – Every 84 days (starting day 112 after induction)

Duration:

- Until date: \_\_\_\_\_
- 1 year
- \_\_\_\_\_ # of Treatments

Anticipated Infusion Date \_\_\_\_\_ ICD 10 Code with Description \_\_\_\_\_

Height \_\_\_\_\_ (cm) Weight \_\_\_\_\_ (kg) Allergies \_\_\_\_\_

### Provider Specialty

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease           | <input type="checkbox"/> OB/GYN         | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology         | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other          | <input type="checkbox"/> Surgery      |
| <input type="checkbox"/> Gastroenterology   | <input type="checkbox"/> Nephrology                   | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology      |
| <input type="checkbox"/> Genetics           | <input type="checkbox"/> Neurology                    | <input type="checkbox"/> Pulmonary      | <input type="checkbox"/> Wound Care   |

### Site of Service

- |  |  |                                       |  |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> CH Gerber           | <input type="checkbox"/> CH Lemmen Holton (GR) | <input type="checkbox"/> CH Pennock   | <input type="checkbox"/> CH Greenville |
| <input type="checkbox"/> CH Helen DeVos (GR) | <input type="checkbox"/> CH Ludington          | <input type="checkbox"/> CH Reed City | <input type="checkbox"/> CH Zeeland    |
| <input type="checkbox"/> CH Blodgett (GR)    |  |                                       |  |

## Appointment Requests

- Infusion Appointment Request**  
Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion and possible labs. Verify that all INDUCTION/LOADING DOSES have been scheduled and offset appropriately when scheduling MAINTENANCE DOSES.

## Provider Ordering Guidelines

- ONC PROVIDER REMINDER 15**  
USTEKINUMAB (STELARA) Plaque psoriasis: SubQ:  
  
Tuberculosis surveillance and management: Screen prior to starting therapy. Treat latent infection prior to starting therapy.  
  
Initial and maintenance: Note: Following an interruption in therapy, re-treatment may be initiated at the initial dosing interval.  
  
Less than or equal to 100 kg: 45 mg at 0 and 4 weeks, and then every 12 weeks thereafter  
  
Greater than 100 kg: 90 mg at 0 and 4 weeks, and then every 12 weeks thereafter. Note: Doses of 45 mg given to patients >100 kg were also efficacious; however, 90 mg is the recommended dose in these patients due to greater efficacy.  
  
Psoriatic arthritis: SubQ: Note: When used for psoriatic arthritis, may be administered alone or in combination with methotrexate.  
  
Initial and maintenance: 45 mg at 0 and 4 weeks, and then every 12 weeks thereafter.  
  
Coexistent psoriatic arthritis and moderate to severe plaque psoriasis in patients greater than 100 kg: Initial and maintenance: 90 mg at 0 and 4 weeks, and then every 12 weeks thereafter

## Safety Parameters and Special Instructions

- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 6**  
Verify all INDUCTION/LOADING DOSES given prior to start of MAINTENANCE DOSES

**CONTINUED ON PAGE 2 →**

**NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.**

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

# USTEKINUMAB (STELARA) FOR PSORIASIS - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER (CONTINUED)

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## Safety Parameters and Special Instructions (continued)

- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5**  
 TUBERCULOSIS SURVEILLANCE AND MANAGEMENT RECOMMENDATIONS: Screen prior to treatment. Treat latent infection prior to starting therapy.

## Labs

	Interval	Duration
<input checked="" type="checkbox"/> <b>Arrange For Patient To Have Id Tb Skin Test Administered And Read Or Serum Tb Screening Lab Prior To Therapy Or Annually</b>		
<input type="checkbox"/> <b>ONC PROVIDER REMINDER 28</b> Arrange for patient to have intradermal TB skin test (tuberculin PPD) screening performed and read prior to initiating therapy and annually.	Once	1 treatment
<input type="checkbox"/> <b>TB Screen (Quantiferon Gold)</b>	Once	1 treatment
<input type="checkbox"/> Labs: _____	<input type="checkbox"/> Every ___ days <input type="checkbox"/> Once	<input type="checkbox"/> Until date: _____ <input type="checkbox"/> 1 year <input type="checkbox"/> _____ # of Treatments

## Nursing Orders

- ONC NURSING COMMUNICATION 15**  
**USTEKINUMAB (STELERA):**  
  
 Hypersensitivity, including anaphylaxis and angioedema, has been reported. Discontinue immediately with signs/symptoms of hypersensitivity reaction and treat appropriately as indicated.  
  
 Monitor for signs/symptoms of infection, reversible posterior leukoencephalopathy syndrome (RPLS), and squamous cell skin carcinoma.

- ONC NURSING COMMUNICATION 100**  
 May Initiate IV Catheter Patency Adult Protocol

- Hypersensitivity Reaction Adult Oncology Protocol** Until  
discont'd  
  
 Routine, Until discontinued Starting when released for 24 hours  
**HYPERSENSITIVITY REACTIONS:**  
 Discontinue the medication infusion immediately.  
  
 Activate emergency response for severe or rapidly progressing symptoms. Where available consider calling RAP and have crash cart available. Call 911 or code team (if applicable) as needed for an absence of pulse and respirations. Refer to site specific emergency response policy.  
  
 Stay with patient until symptoms have resolved.  
  
 Initiate/Continue Oxygen to maintain SpO2 greater than 90% and discontinue Oxygen Therapy to maintain SpO2 above 90%  
  
 For severe or rapidly progressing hypersensitivity reaction symptoms, monitor vital signs and pulse oximeter readings every 2 to 5 minutes until the patient is stable and symptoms resolve.  
  
 Document medication infusing and approximate dose received at time of reaction in the patient medical record. Document allergy to medication attributed with causing reaction in patient medical record. Complete Adverse Drug Reaction form per Pharmacy Clinical Policy.

## Treatment Parameters

May proceed with treatment if tuberculosis screening test with either TB Screen blood test (QuantiFERON® Gold Plus) or TB skin test have been resulted prior to first dose and the results are negative.

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