Physician’s Orders
USTEKINUMAB (STELARA) FOR CROHN’S DISEASE - ADULT, OUTPATIENT, INFUSION CENTER
Page 1 of 2

Defaults for orders not otherwise specified below:

- Interval: INDUCTION – Once x 1 treatment (begin maintenance dose on day 56)
- Interval: MAINTENANCE – Every 56 days

Duration:
- Until date: __________
- 1 year
- ______# of Treatments

Anticipated Infusion Date __________ ICD 10 Code with Description __________
Height _______(cm) Weight _______(kg) Allergies __________

Site of Service
☐ SH Gerber  ☐ SH Lemmen Holton (GR)  ☐ SH Pennock  ☐ SH United Memorial
☐ SH Helen DeVos (GR)  ☐ SH Ludington  ☐ SH Reed City  ☐ SH Zeeland

Provider Specialty
☐ Allergy/Immunology  ☐ Infectious Disease  ☐ OB/GYN  ☐ Rheumatology
☐ Cardiology  ☐ Internal Med/Family Practice  ☐ Other  ☐ Surgery
☐ Gastroenterology  ☐ Nephrology  ☐ Otolaryngology  ☐ Urology
☐ Genetics  ☐ Neurology  ☐ Pulmonary  ☐ Wound Care

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, infusio
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 (STELERA) Crohn disease:

Tuberculosis surveillance and management: Screen prior to starting therapy. Treat latent infection prior to starting therapy.

Induction: IV:

Less than or equal to 55 kg: 260 mg as single dose
Greater than 55 kg to 85 kg: 390 mg as single dose
Greater than 85 kg: 520 mg as single dose

Maintenance: SubQ: 90 mg every 8 weeks; begin maintenance dosing 8 weeks after the IV induction dose.

Safety Parameters and Special Instructions

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

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

CONTINUED ON PAGE 2 ➔
USTEKINUMAB (STELARA) FOR CROHN’S DISEASE - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Page 2 of 2

**Labs**

☑ **Arrange For Patient To Have Id Tb Skin Test Administered And Read Or Serum Tb Screening Lab Prior To Therapy Or Annually**

☐ **ONC PROVIDER REMINDER 28**

Arrange for patient to have intradermal TB skin test (tuberculin PPD) screening performed and read prior to initiating therapy and annually.

☐ **TB Screen (Quantiferon Gold)**


**Additional Lab Orders**

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<tr>
<th>Laboratories</th>
<th>Interval</th>
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<tr>
<td>Labs:</td>
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**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

**Treatment Parameters**

☑ **ONC MONITORING AND HOLD PARAMETERS 4**

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.

**Medications - INDUCTION**

☑ **ustekinumab (STELARA) in sodium chloride 0.9 % 250 mL IVPB**

Interval: Once

Duration: 1 treatment

Dose:

☐ 260 mg

☐ 390 mg

☐ 520 mg

Intravenous, Administer over 1 Hour, Once, Starting S, For 1 Dose

Infuse over at least 1 hour; use of IV set with an in-line, low-protein binding filter (0.2 micrometer) required. Do not infuse concomitantly in the same IV line with other agents.

**Medications – MAINTENANCE**

☑ **ustekinumab (STELARA) 90 MG/ML injection 90 mg**

90 mg, Subcutaneous, Once, Starting S, For 1 Dose

Administer by subcutaneous injection into the top of the thigh, abdomen, upper arms, or buttocks. Rotate sites. Do not inject into tender, bruised, erythematous, or indurated skin. Avoid areas of skin where psoriasis is present. Discard any unused portion. Intended for use under supervision of physician

Telephone order/Verbal order documented and read-back completed. Practitioner’s initials ____________

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

**TRANSCRIBED:**

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**Sign**

**R.N. Sign**

**Physician Print**

**Physician**

EPIC VERSION DATE: 09/13/20