



Spectrum Health Physician's Orders
USTEKINUMAB (STELARA)
FOR PSORIASIS -
ADULT, OUTPATIENT,
INFUSION CENTER

Patient Name _____
 DOB _____
 MRN _____
 Physician _____
 FIN _____

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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"/> SH Gerber | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland |

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.



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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"/> Arrange For Patient To Have Id Tb Skin Test Administered And Read Or Serum Tb Screening Lab Prior To Therapy Or Annually		
<input type="checkbox"/> 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.	Once	1 treatment
<input type="checkbox"/> TB Screen (Quantiferon Gold) Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	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

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) 45 Mg Or 90 Mg**
 - ustekinumab (STELARA) 45 MG/0.5ML injection 45 mg**

 45 mg, Subcutaneous, Once, Starting S, For 1 Doses
 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
 - ustekinumab (STELARA) 90 MG/ML injection 90 mg**

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

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Medications – Maintenance



Ustekinumab (stelara) 45 Mg Or 90 Mg



ustekinumab (STELARA) 45 MG/0.5ML injection 45 mg

45 mg, Subcutaneous, Once, Starting S, For 1 Doses

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



ustekinumab (STELARA) 90 MG/ML injection 90 mg

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

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



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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.

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TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
	Sign		R.N. Sign		Physician Print	Physician

EPIC VERSION DATE: 09/13/20

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