



# Ustekinumab (STELARA)

6955 Foothill Blvd, Suite 67A, Oakland, CA, 94605

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Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender:  Male  Female

Allergies: \_\_\_\_\_

### DIAGNOSIS (ICD-10 code required):

- \_\_\_\_\_ Crohn's Disease
- \_\_\_\_\_ Ulcerative Colitis
- \_\_\_\_\_ Other: \_\_\_\_\_

### PROVIDER REMINDERS:

- All orders with a  will be placed unless otherwise noted
- Ensure baseline PPD or quantiFERON-TB assay for latent TB
- Ensure all immunizations are current before initiating therapy
- Live vaccines should not be given concurrently or within 3 months of discontinuation of therapy
- BCG vaccine should not be administered 1 year prior to initiation or 1 year following discontinuation of therapy
- CBC at baseline and every 8 weeks

### TREATMENT CRITERIA:

Hold Ustekinumab (STELARA) if:

- Temperature **GREATER THAN** 100 degrees F
- Complaints of symptoms of acute viral or bacterial illness
- Taking antibiotics for current infection
- *Initial dose only:* Unable to verify negative TB results

Notify Provider if:

- CBC has not been drawn within the last 12 weeks
- New or worsening neurological symptoms such as memory loss, trouble thinking, dizziness, loss of balance, loss of vision, difficulty talking or walking

Nursing Considerations:

- Ensure CBC has been drawn within the last 8 weeks, if not, proceed with infusion/injection and instruct patient to have labs drawn today

- IV LINE CARE** per Nursing Policy
- INFUSION REACTION MEDICATIONS** per Standardized Procedures
- TREATMENT ORDER WEIGHT** will be utilized for the duration of the order. Patient will be weighed prior to every treatment. Prescriber will be notified of weight change greater than 10% from baseline weight.

## Premedications

- No routine premedications necessary.**
- Acetaminophen (TYLENOL) 650mg PO**, Once PRN, 30 minutes prior to Ustekinumab, if patient experiences symptoms without premedications.
- Cetirizine (ZYRTEC) 10mg PO**, Once PRN, at least 30 minutes prior to Ustekinumab, if patient experiences symptoms without premedications.
- \_\_\_\_\_

## Medications

Patient Weight \_\_\_\_\_ kg (**REQUIRED**)

Infuse **Ustekinumab (STELARA)** Intravenously over 60 minutes through an infusion set with an in-line, sterile, non-pyrogenic, low protein binding filter (pore size 0.2 micrometer).

Dose:

- 260mg **for 55kg or less**
- 390mg **for 56kg - 85kg**
- 520mg **for greater than 85kg**

Frequency:

- Induction: Single intravenous dose, followed by:

Must select one of the following options:

- Maintenance: 90mg subcutaneous, self-administered 8 weeks after the initial intravenous dose, then every 8 weeks thereafter (coordinated by prescriber with specialty pharmacy, not included in this order)
- Maintenance: 90mg subcutaneous, every 8 weeks after initial intravenous dose and every 8 weeks thereafter (coordinated and administered by Total Infusion)

Special Instruction(s):

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Office Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_