

# guselkumab (TREMFYA)

## Infusion Therapy Plan Orders

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

Kaiser Permanente Member I.D. #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Instructions to Provider**

Review orders and note any changes. All orders with  will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers using the link at the end of this protocol). Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

**Please complete all the following:**

Order Date: _____	<b>Diagnosis</b> ICD-10 code (REQUIRED): _____
Weight: _____ kg	ICD-10 description: _____

**General Plan Communication**

- Induction:** Infuse guselkumab 200 mg loading dose at Week 0, Week 4, and Week 8
- Maintenance:** Inject guselkumab 100 mg subcutaneously every 8 weeks starting 8 weeks (Week 16) after third guselkumab infusion or 200 mg subcutaneously every 4 weeks starting 4 weeks (Week 12) after third guselkumab infusion. Use lowest effective dose needed to maintain therapeutic response
- A separate prescription or order is needed for subcutaneous maintenance doses**
- Special instructions/notes:** \_\_\_\_\_

**Provider Information**

- Ensure baseline PPD or quantiFERON-TB assay are negative for latent TB
- Suggested induction monitoring: LFTs at baseline
- Treatment with guselkumab not recommended in patients with active, severe infections. Consider withholding guselkumab in patients who develop a severe infection while on treatment
- Ensure an immunization plan is in place before initiating therapy
- Live vaccines should not be given concurrently or within 3 months of discontinuation of therapy

**Infusion Therapy**

**guselkumab (TREMFYA) 200 mg in 0.9% Sodium Chloride (250 mL)**

**Dose:**  200 mg**Route:** Intravenous**Frequency:** Every 4 weeks for 3 infusions**Infusion Rate:** Infuse over 60 minutes**If infusion-related reaction:**

- 1) STOP infusion immediately
- 2) Begin primary infusion to wide open rate
- 3) Notify MD
- 4) Monitor vital signs
- 5) Administer PRN medications
- 6) 30 minutes after symptoms have resolved, restart infusion at 50% of rate when reaction occurred

**Note any changes to above regimen:****Pre-Medications**

**acetaminophen (TYLENOL) tablet**

**Dose:** 650 mg      **Route:** Oral**Frequency:** Once, 30 minutes prior to guselkumab infusion if patient has history of prior reaction. May also be given once as needed during infusion for achiness, headache, or fever.**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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<input checked="" type="checkbox"/> <b>diphenhydramine (BENADRYL) capsule</b>	<b>Dose:</b> 25 mg or 50 mg	<b>Route:</b> Oral	<b>Frequency:</b> Once, 30 minutes prior to guselkumab infusion if patient has history of prior reaction.
<input checked="" type="checkbox"/> <b>cetirizine (ZYRTEC) tablet</b>	<b>Dose:</b> 10 mg	<b>Route:</b> Oral	<b>Frequency:</b> Once, 30 minutes prior to guselkumab infusion if patient has history of prior reaction. Give instead of diphenhydramine if not tolerated or desired.
<input checked="" type="checkbox"/> <b>Other:</b> _____	<b>Dose:</b> _____	<b>Route:</b> Oral	<b>Frequency:</b> Once, 30 minutes prior to guselkumab infusion.
<b>IV Line Care</b>			
<input checked="" type="checkbox"/> <b>0.9% Sodium Chloride infusion 250 mL</b>	<b>Rate:</b> 30 mL/hr	<b>Route:</b> Intravenous	<b>Frequency:</b> Run continuously to keep vein open. Start peripheral IV if no central line.
<b>PRN &amp; Hypersensitivity Reaction Medications</b>			
<input checked="" type="checkbox"/> <b>ondansetron (ZOFTRAN) tablet</b>	<b>Dose:</b> 8 mg	<b>Route:</b> Intravenous	<b>Frequency:</b> Give IV push over 2 to 5 minutes one time PRN for nausea or vomiting.
<input checked="" type="checkbox"/> <b>acetaminophen (TYLENOL) tablet</b>	<b>Dose:</b> 650 mg	<b>Route:</b> Oral	<b>Frequency:</b> Take 650 mg PO every 4 hours PRN for fever (greater than 100.4 F), myalgias, arthralgias or headache.
<input checked="" type="checkbox"/> <b>alteplase (CATHFLO ACTIVASE) injection</b>	<b>Dose:</b> 2 mg	<b>Route:</b> Intracatheter	<b>Frequency:</b> Instill 2 mg to affected port(s) of central venous catheter if sluggish or occluded. Allow to dwell for 30 minutes, if unable to aspirate blood allow to dwell for an additional 90 minutes. May repeat one time if unsuccessful.
<input checked="" type="checkbox"/> <b>diphenhydramine (BENADRYL) injectable 50 mg</b>	<b>Dose:</b> 50 mg	<b>Route:</b> Intravenous	<b>Frequency:</b> Once PRN for urticaria, pruritus, shortness of breath. May repeat one time in 15 minutes if symptoms not resolved. Notify MD upon giving medication.
<input checked="" type="checkbox"/> <b>famotidine (PEPCID) (PF) injection</b>	<b>Dose:</b> 20 mg	<b>Route:</b> Intravenous	<b>Frequency:</b> Give IV push over 2 minutes for hives, rash, itching, flushing, and/or swelling in a suspected hypersensitivity reaction. Give immediately after diphenhydRAMINE. Notify provider if patient experiences a hypersensitivity reaction.
<input checked="" type="checkbox"/> <b>methylPREDNISolone Sod Succ (PF) injection 125 mg (SOLU-Medrol PF)</b>	<b>Dose:</b> 125 mg	<b>Route:</b> Intravenous	<b>Frequency:</b> Give 125 mg IV push one time PRN for shortness of breath, bronchospasm, or other symptoms of a suspected hypersensitivity reaction not otherwise specified. Notify provider if patient experiences a hypersensitivity reaction.
<input checked="" type="checkbox"/> <b>Sodium Chloride 0.9% IV bolus</b>	<b>Dose:</b> 1000 mL	<b>Route:</b> Intravenous	<b>Frequency:</b> Give IV over 1 hour one time PRN for hypotension due to presumed anaphylaxis. Notify provider if patient experiences a hypersensitivity reaction.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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**EPINEPPhrine (Epi-Pen) 0.3 mg/0.3 mL IM Auto-Injector**

**Dose:** 0.3 mg**Route:** Intramuscular

**Frequency:** Once PRN for anaphylaxis. Give IM one time for severe cardiovascular or respiratory symptoms (e.g. dyspnea, wheeze/bronchospasm, stridor, hypoxemia) of a suspected hypersensitivity reaction. Provider must be present upon given medication.

### Nursing Orders

- Verify that patient meets the lab parameters for administration:
  - PPD or quantiFERON-TB assay for latent TB results are negative for TB
  - HBV sAg and cAb labs have been completed by the ordering provider
  - LFTs have been drawn at baseline
  - Do not infuse guselkumab without negative TB, HBV sAg, and HBV cAb results. Notify provider if positive result
- Begin NaCl 0.9% as primary line to keep vein open
- Perform assessment for toxicity and tolerance
- Monitor for temperature greater than 100.4F, chills, pruritus, chest pain, blood pressure changes (notify MD if greater than 10% drop in systolic blood pressure or if patient is symptomatic), or dyspnea
- For hypersensitivity: stop guselkumab, give diphenhydramine and steroid as ordered
- Review discharge medications, instructions, and future appointments

### References

guselkumab® (TREMFYA) injection for subcutaneous or intravenous use Prescribing Information. Revised September 2024.

### Kaiser Permanente Infusion Locations

Please refer to the link below for the current list and contact information:

<https://wa-provider.kaiserpermanente.org/patient-services/ambulatory-infusion>

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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