

ustekinumab-kfce (YESINTEK) – Induction Infusion Therapy Plan Orders

Page 1 of 3

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 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:

Pre-Service Authorization has been obtained by Kaiser Permanente Fax: 1-888-282-2685 Voice: 1-800-289-1363

Order Date: _____	Diagnosis ICD-10 code (REQUIRED): _____
Weight: _____ kg	ICD-10 description: _____

General Plan Communication

- Biosimilar ustekinumab-kfce (Yesintek) is the preferred and defaulted agent in this plan
- **Induction:** Infuse ustekinumab loading dose once
- **Maintenance:** Inject 90 mg ustekinumab-kfce subcutaneously every 8 weeks, starting 8 weeks after induction infusion
- **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
- Treatment with ustekinumab not recommended in patients with active, severe infections. Consider withholding ustekinumab 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 1 month prior to initiation of therapy. BCG vaccines should not be administered 1 year prior to initiation or 1 year following discontinuation of therapy
- Risk of developing Posterior Reversible Encephalopathy Syndrome (PRES): Monitor for new or worsening neurological signs or symptoms
- Dosing guidelines for adults: Less than 55 kg: 260 mg; 55 to 85 kg: 390 mg; 85 Kg or greater: 520 mg

Infusion Therapy

Ustekinumab-kfce (YESINTEK) in 0.9% sodium chloride (250 mL)

Dose: 260 mg 390 mg 520 mg

Route: Intravenous

Frequency: Once

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:

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

**ustekinumab-kfce (YESINTEK) – Induction
Infusion Therapy Plan Orders**

Name: _____
Kaiser Permanente Member I.D. #: _____
Date of Birth: _____

Pre-Medications			
<input checked="" type="checkbox"/>	acetaminophen (TYLENOL) tablet <i>Dose:</i> 650 mg <i>Route:</i> Oral <i>Frequency:</i> Once, 30 minutes prior to ustekinumab infusion if patient has history of prior reaction. May also be given once as needed during infusion for achiness, headache, or fever		
<input checked="" type="checkbox"/>	cetirizine (ZYRTEC) tablet <i>Dose:</i> 10 mg <i>Route:</i> Oral <i>Frequency:</i> Once, 30 minutes prior to ustekinumab infusion (if not taken at home) if patient has history of prior reaction		
<input checked="" type="checkbox"/>	diphenhydrAMINE (BENADRYL) capsule <i>Dose:</i> 50 mg <i>Route:</i> Oral <i>Frequency:</i> Once, 30 minutes prior to ustekinumab infusion (if not taken at home) if patient has history of prior reaction		
<input checked="" type="checkbox"/>	Other: _____ <i>Dose:</i> _____ <i>Route:</i> Oral <i>Frequency:</i> Once, 30 minutes prior to ustekinumab infusion		
IV Line Care			
<input checked="" type="checkbox"/>	0.9% Saline (NS) infusion 250 mL <i>Rate:</i> 30 mL/hr <i>Route:</i> Intravenous <i>Frequency:</i> Run continuously to keep vein open. Start peripheral IV if no central line		
PRN & Hypersensitivity Reaction Medications			
<input checked="" type="checkbox"/>	ondansetron (ZOFTRAN) injection <i>Dose:</i> 8 mg <i>Route:</i> Intravenous <i>Frequency:</i> Give IV push over 2 - 5 minutes once PRN for nausea or vomiting.		
<input checked="" type="checkbox"/>	acetaminophen (TYLENOL) tablet <i>Dose:</i> 650 mg <i>Route:</i> Oral <i>Frequency:</i> Take 650 mg PO every 4 hours PRN for fever (greater than 100.4 F), myalgias, arthralgias or headache.		
<input checked="" type="checkbox"/>	alteplase (CATHFLO ACTIVASE) injection <i>Dose:</i> 2 mg <i>Route:</i> Intracatheter <i>Frequency:</i> 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"/>	diphenhydrAMINE (BENADRYL) injectable <i>Dose:</i> 50 mg <i>Route:</i> Intravenous <i>Frequency:</i> 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"/>	famotidine (PEPCID) (PF) injection <i>Dose:</i> 20 mg <i>Route:</i> Intravenous <i>Frequency:</i> 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"/>	methylPREDNISolone Sod Succ (PF) Inj 125 mg (SOLU-Medrol PF) <i>Dose:</i> 125 mg <i>Route:</i> Intravenous <i>Frequency:</i> 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. reaction.		

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

ustekinumab-kfce (YESINTEK) – Induction Infusion Therapy Plan Orders

Page 3 of 3

Name: _____
Kaiser Permanente Member I.D. #: _____
Date of Birth: _____

<input checked="" type="checkbox"/>	sodium Chloride 0.9% IV bolus <i>Dose:</i> 1000 mL <i>Route:</i> Intravenous <i>Frequency:</i> Give IV over 1 hour one time PRN for hypotension due to presumed anaphylaxis. Notify provider if patient experiences a hypersensitivity
<input checked="" type="checkbox"/>	EPINEPHrine (Epi-Pen) 0.3 mg/0.3 mL IM Auto-Injector <i>Dose:</i> 0.3 mg <i>Route:</i> Intramuscular <i>Frequency:</i> 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. (Results valid if completed within 12 months of infusion.)
 - HBV sAg and cAb labs have been completed by the ordering provider.
 - Do not infuse ustekinumab without negative TB, HBV sAg, and HBV cAb results. Notify provider if positive result.
- Begin NS as primary line to keep vein open.
- Administer using a low protein-binding 0.2 micron filter.
- 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 ustekinumab, give diphenhydramine and steroid as ordered.
- Review discharge medications, instructions, and future appointments.

References

ustekinumab-kfce® (YESINTEK) injection for subcutaneous or intravenous use. Prescribing Information. Revised Nov 2024.

Kaiser Permanente Infusion Locations

Please refer to the link below for the current list:
<https://wa-provider.kaiserpermanente.org/patient-services/ambulatory-infusion>

Provider Signature: _____ **Date:** _____
Printed Name: _____ **Phone:** _____ **Fax:** _____