

McLeod Health

Logo:

Epoetin alfa (submitted work order 12/7)

INF Epoetin alfa q week x 6 months: 10,000, 20,000, 40,000, 60,000 units SC

INF Epoetin alfa q2 weeks x 6 months: 10,000, 20,000, 40,000, 60,000 units SC

INF Epoetin alfa q4weeks x 6 months: 10,000, 20,000, 40,000, 60,000 units SC

Labs for all: Hemoglobin/Hematocrit q treatment

Parameters: Hold for Hgb \geq 11 g/dL or Hct \geq 33%

Vedolizumab (submitted work order 12/7)

INF Vedolizumab Induction x 6 months: Vedolizumab 300 mg IVPB Day 1 (Week 0), 15 (Week 2), 43 (Week 6), 99 (every 8 weeks), 155 (every 8 weeks) *in NS 250 mL infused over 30 minutes*

INF Vedolizumab Maintenance x 6 months: Vedolizumab 300 mg IVPB every 8 weeks x 6 months **in NS 250 mL infused over 30 minutes*

Pre-medications: *on each plan, leave all unchecked*

- Acetaminophen 650 mg PO
- Diphenhydramine: Dose: 25 mg 50 mg Route: PO or IVP
- Methylprednisolone: Dose: 40 mg or 125 Route: IVP
- Famotidine: Dose: 20 mg Route: PO or IVPB

Notes: activate infusion reaction protocol if needed (CPOE 1396)

Tocilizumab (work order submitted 12/7)

INF Tocilizumab Induction x 6 months: 1. Tocilizumab 4 mg/kg IVPB Day 1 *in NS 100 mL infused over 1 hour* 2. Tocilizumab (4 mg/kg or 8 mg/kg) IVPB Days 29, 57, 85, 113, 141 *in NS 100 mL infused over 1 hour*

INF Tocilizumab Maintenance x 6 months: Tocilizumab (4 mg/kg or 8 mg/kg) IVPB q4wk x 6

Pre-medications: *on each plan, leave all unchecked*

- Acetaminophen 650 mg PO
- Diphenhydramine: Dose: 25 mg 50 mg Route: PO or IVP
- Methylprednisolone: Dose: 40 mg or 125 Route: IVP
- Famotidine: Dose: 20 mg Route: PO or IVPB

Lab Phase: *on each plan, leave all unchecked*

CBC w/ Diff Day 1, 85

CMP Day 1, 85

LFTs Day 1, 85

Cholesterol Level Day 1, 85

Notes: activate infusion reaction protocol if needed (CPOE 1396)

Belimumab (work order submitted 01/2021)

INF Belimumab Induction x 6 months: Belimumab 10 mg/kg IVPB on Day 1 (Week 0), Day 15 (Week 2), Day 29 (Week 4), then q4wk x 4 (Weeks 8, 12, 16, 20) *in NS 250 mL infused over 1 hour*

INF Belimumab Maintenance x 6 months: Belimumab 10 mg/kg IVPB q4wk x 6 months *in NS 250 mL infused over 1 hour*

Pre-medications: *on each plan, leave all unchecked*

Acetaminophen 650 mg PO

Diphenhydramine: Dose: 25 mg 50 mg Route: PO or IVP

Methylprednisolone: Dose: 40 mg or 125 Route: IVP

Famotidine: Dose: 20 mg Route: PO or IVPB

Notes: activate infusion reaction protocol if needed (CPOE 1396)

Abatacept (work order submitted 2/16/21)

INF Abatacept Induction x 6 months: Abatacept (500 mg- weight < 60 kg, 750 mg- weight = 60-100 kg, 1000 mg- weight > 100 kg) IVPB on Day 1 (Week 0), Day 15 (Week 2), Day 29 (Week 4), Day 57, Day 85, Day 113, Day 141 *in NS 100 mL infused over 30 minutes*

INF Abatacept Maintenance x 6 months: Abatacept (500 mg- weight < 60 kg, 750 mg- weight = 60-100 kg, 1000 mg- weight > 100 kg) IVPB q4wk x 6 months *in NS 100 mL infused over 30 minutes*

Pre-medications: *on each plan, leave all unchecked*

Acetaminophen 650 mg PO

Diphenhydramine: Dose: 25 mg 50 mg Route: PO or IVP

Methylprednisolone: Dose: 40 mg or 125 Route: IVP

Famotidine: Dose: 20 mg Route: PO or IVPB

Notes: activate infusion reaction protocol if needed (CPOE 1396)

Golimumab (work order submitted 2/16/2021)

INF Golimumab Induction x 6 months: Golimumab 2 mg/kg IVPB on Week 0, Week 4, Week 12, Week 20 *in NS 100 mL infused over 30 minutes. Monitor patient for 30 minutes following infusion during first 3 treatments*

INF Golimumab Maintenance x 6 months: Golimumab 2 mg/kg IVPB every 8 weeks x 3 *in NS 100 mL infused over 30 minutes*

Pre-medications: *on each plan, leave all unchecked*

Acetaminophen 650 mg PO

Diphenhydramine: Dose: 25 mg 50 mg Route: PO or IVP

Methylprednisolone: Dose: 40 mg or 125 Route: IVP

Famotidine: Dose: 20 mg Route: PO or IVPB

Notes: activate infusion reaction protocol if needed (CPOE 1396)

Ustekinumab (work order submitted 2/16/21)

INF Ustekinumab Induction (Gastroenterology) x 1 dose: Ustekinumab (options: 260 mg (<55 kg), 390 mg (55-85 kg), and 520 mg (>85 kg)) IVPB Day 1 *in NS 250 mL infused over 1 hour*

INF Ustekinumab Maintenance (Gastroenterology) x 6 months: Ustekinumab 90 mg SC every 8 weeks x 3 *note: not to be started within 8 weeks of induction dose*

Pre-medications: *on each plan, leave all unchecked*

Acetaminophen 650 mg PO

Diphenhydramine: Dose: 25 mg 50 mg Route: PO or IVP

Methylprednisolone: Dose: 40 mg or 125 Route: IVP

Famotidine: Dose: 20 mg Route: PO or IVPB

Notes: activate infusion reaction protocol if needed (CPOE 1396)

INF Ustekinumab Induction (Dermatology/Rheumatology) x 6 months: Ustekinumab (45 mg, 90 mg) SC on Weeks 0, 4, and then every 12 weeks x 1

INF Ustekinumab Maintenance (Dermatology/Rheumatology) x 6 months: Ustekinumab (45 mg, 90 mg) SC every 12 weeks x 2 *note: not to be started within 12 weeks of induction plan*

Notes: 90 mg dose suggested for patients > 100 kg with psoriasis or psoriatic arthritis with co-existent moderate to severe plaque psoriasis, activate infusion reaction protocol if needed (CPOE 1396)

Infliximab (work order submitted 2/16/21)

INF Infliximab Induction x 6 months: Infliximab (3 mg/kg, 5 mg/kg) IVPB on Weeks 0, 2, 6, and then every 8 weeks x 2 *in NS 250 infused over 2 hours*

INF Infliximab Maintenance x 6 months: Infliximab (3 mg/kg, 5 mg/kg) IVPB every 8 weeks x 3 *in NS 250 mL infused over 2 hours*

Pre-medications: *on each plan, leave all unchecked*

Acetaminophen 650 mg PO

Diphenhydramine: Dose: 25 mg 50 mg Route: PO or IVP

Methylprednisolone: Dose: 40 mg or 125 Route: IVP

Famotidine: Dose: 20 mg Route: PO or IVPB

Notes: activate infusion reaction protocol if needed (CPOE 1396)

INF Eculizumab Induction (Weeks 1-4) (aHUS) ****diagnosis specific dosing so put diagnosis in title****

Lab Phase: CBC w/ Diff, CMP (both optional)

Chemo Phase: Eculizumab 900 mg IVPB DoT q7d x 4 doses (Comments: mixed to a 5 mg/mL concentration, infuse over 35 minutes, infusion may be extended up to a maximum infusion time of 2 hours for patient tolerance, monitor patient for 1 hour after each treatment)

Add infusion reaction protocol

comment at top of plan in bold: ensure patient has received meningococcal vaccinations at least 2 weeks prior to start of therapy

INF Eculizumab Maintenance q14d (aHUS)

Lab Phase: CBC w/ Diff, CMP (both optional)

Chemo Phase: Eculizumab 1200 mg IVPB DoT (Comments: mixed to a 5 mg/mL concentration, infuse over 35 minutes, infusion may be extended up to a maximum infusion time of 2 hours for patient tolerance, monitor patient for 1 hour after each treatment)

Add infusion reaction protocol

INFR Eculizumab (aHUS):

Add intent to treat

1 cycle of INF Eculizumab Induction (Weeks 1-4)

then INF Eculizumab Maintenance q14d Week 5

then INF Eculizumab Maintenance q14d every 2 weeks thereafter (start with 10 of these total, including the one on Week 5 with the option to extend indefinitely)

INF Benralizumab Induction x 6 months 4/23/21

Add intent to tx

Tx Phase: Benralizumab 30 mg SC DoT Weeks 1, 5, 13, 21 (directions are weeks 0,4, then every 8 weeks thereafter so I think this set up would be correct) *Note: monitor patient for 30 minutes following each injection*

Add infusion reaction protocol

INF Benralizumab Maintenance x 6 months 4/23/21

Add intent to treat

Tx Phase: Benralizumab 30 mg SC DoT Weeks 1, 9, 17 (every 8 weeks x 3) *Note: monitor patient for 30 minutes following each injection**

Add infusion reaction protocol

INF IVIG Once: 4/23/21

Add intent to treat

Keep monitoring orders as is

Update premeds to: *on each plan, leave all unchecked*

Acetaminophen 650 mg PO

Diphenhydramine: Dose: 25 mg 50 mg Route: PO or IVP

Methylprednisolone: Dose: 40 mg or 125 Route: IVP

Famotidine: Dose: 20 mg Route: PO or IVPB

Tx: IVIG (Gamunex C) IVPB (keep all dosing options as is) Day 1

Add infusion reaction protocol

INF IVIG every 4 weeks 4/23/21

Add intent to treat

Keep monitoring from INF IVIG Once

Pre-Meds: *on each plan, leave all unchecked*

Acetaminophen 650 mg PO

Diphenhydramine: Dose: 25 mg 50 mg Route: PO or IVP

Methylprednisolone: Dose: 40 mg or 125 Route: IVP

Famotidine: Dose: 20 mg Route: PO or IVPB

Tx: IVIG (Gamunex C) IVPB (keep all dosing options from INF IVIG Once) Day 1 every 4 weeks x 6

Add infusion reaction protocol

INF Mepolizumab x 6 months 4/23/21

Add intent to treat

Mepolizumab 100 mg SC DoT q4wk x 6 *Note: monitor patient for 30 minutes following each injection*

Add infusion reaction protocol

INF Ocrelizumab Induction: 4/23/21

Add intent to treat

Pre Meds (leave checked but have drop down options for doses on the diphenhydramine and methylpred):

- Acetaminophen 650 mg PO
- Diphenhydramine: Dose: 25 mg 50 mg Route: IVP
- Methylprednisolone: Dose: 40 mg 125 mg Route: IVP

Tx: Ocrelizumab 300 mg IV Piggyback DoT Weeks 1 and 3 (or Day 1 and 15) **Note: in NS 250 mL; *infused at initial rate of 30 mL/hr and increased by 30 mL/hr every 30 minutes up to a max rate of 180 mL/hr; monitor patient for 1 hour following completion of infusion***

Add infusion reaction protocol

INF Ocrelizumab Maintenance 4/23/21

Add intent to treat

Comment at top: Schedule first maintenance dose 24 weeks from Week 1 dose

Pre Meds (leave checked but have drop down options for doses on the diphenhydramine and methylpred):

- Acetaminophen 650 mg PO
- Diphenhydramine: Dose: 25 mg 50 mg Route: IVP
- Methylprednisolone: Dose: 40 mg 125 mg Route: IVP

Tx: Ocrelizumab 600 mg IV Piggyback Day 1 only *Notes: in NS 500 mL; *(infused at initial rate of 40 mL/hr and increased by 40 mL/hr every 30 minutes up to a max rate of 200 mL/hr; may start at initial rate of 100 mL/hr and increase by 100 mL/hr every 30 minutes up to a max rate of 300 mL/hr if no infusion reactions occur during the first 3 infusions); monitor patient for 1 hour following completion of infusion*

Add infusion reaction protocol

INF Natalizumab x 6 months 4/23/21

Add intent to treat

Pre Meds: *on each plan, leave all unchecked*

Acetaminophen 650 mg PO

Diphenhydramine: Dose: 25 mg 50 mg Route: PO or IVP

Methylprednisolone: Dose: 40 mg or 125 Route: IVP

Famotidine: Dose: 20 mg Route: PO or IVPB

Tx: Natalizumab 300 mg IV Piggyback DoT every 4 weeks x 6 (in NS 100 mL infused over 1 hour) **Notes: monitor patient for 1 hour following completion of infusion**

Comment: submit MS Touch Prescribing Program pre-infusion checklist prior to each treatment

Add infusion reaction protocol

Plans left to build:

Antibiotics, albumin, iron, xgeva, prolia, reconst