Defaults for orders not otherwise specified below:
- Interval: Every 14 days
- Interval: Every 28 days

Duration:
- Until date: 
- 1 year
- _____ # of Treatments

Anticipated Infusion Date ___________ ICD 10 Code with Description ____________________________

Height ________(cm) Weight __________(kg) Allergies ______________________________________

Provider Specialty
- ☐ Allergy/Immunology
- ☐ Infectious Disease
- ☐ OB/GYN
- ☐ Rheumatology
- ☐ Cardiology
- ☐ Internal Med/Family Practice
- ☐ Other
- ☐ Surgery
- ☐ Gastroenterology
- ☐ Nephrology
- ☐ Otolaryngology
- ☐ Urology
- ☐ Genetics
- ☐ Neurology
- ☐ Pulmonary
- ☐ Wound Care

Site of Service
- ☐ SH Gerber
- ☐ SH Lemmen Holton (GR)
- ☐ SH Pennock
- ☐ SH United Memorial
- ☐ SH Helen DeVos (GR)
- ☐ SH Ludington
- ☐ SH Reed City
- ☐ SH Zeeland

Appointment Requests
- ☑ Infusion Appointment Request
- Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, injection and possible labs

Safety Parameters and Special Instructions
- ☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5
CERTOLIZUMAB (CIMZIA):
- Tuberculosis surveillance and management: Screen prior to starting treatment. Treat latent infection prior to starting therapy.
- Hepatitis B surveillance and management: Screen prior to initiating treatment. Refer to specialist as warranted by serology.

  Educate patient about signs of a significant reaction (eg, wheezing; chest tightness; fever; itching; bad cough; blue skin color; seizures; or swelling of face, lips, tongue, or throat). Note: This is not a comprehensive list of all side effects. Patient should consult prescriber for additional questions.

  An FDA-approved patient medication guide, which is available with the product information and at http://www.accessdata.fda.gov/drugsatfda_docs/label/2017/125160s270lbl.pdf#page=33, must be dispensed with this medication.

  Patients treated with certolizumab are at increased risk for developing serious infections.

- ☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4
HEPATITIS B VIRUS SURVEILLANCE AND MAINTENANCE RECOMMENDATIONS: Screen prior to treatment. Refer to specialist as warranted by serology.

- ☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5
TUBERCULOSIS SURVEILLANCE AND MANAGEMENT RECOMMENDATIONS: Screen prior to treatment. Treat latent infection prior to starting therapy.

Labs
- ☑ Complete Blood Count w/Differential

CONTINUED ON PAGE 2 ➔
## Labs (continued)

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Expected</th>
<th>Expires</th>
<th>Type</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B Surface Antigen Level</td>
<td>Future</td>
<td>S</td>
<td>S+365</td>
<td>URGENT</td>
<td>Clinic</td>
</tr>
<tr>
<td>Hepatitis B Core Total Antibody Level</td>
<td>Future</td>
<td>S</td>
<td>S+365</td>
<td>URGENT</td>
<td>Clinic</td>
</tr>
<tr>
<td>Arranged for patient to have ID Tb Skin Test Administered And Read Or Serum Tb Screening Lab Prior To Therapy Or Annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB Screen (Quantiferon Gold)</td>
<td>Future</td>
<td>S</td>
<td>S+365</td>
<td>URGENT</td>
<td>Clinic</td>
</tr>
</tbody>
</table>

## Nursing Orders

- **ONC NURSING COMMUNICATION 14**
  - CERTOLIZUMAB (CIMZIA):
    - Monitor for hypersensitivity reactions.
    - Monitor patient for the development of signs and symptoms of infection.
    - Monitor patient for worsening or new onset congestive heart failure.

- **ONC NURSING COMMUNICATION 100**
  - May Initiate IV Catheter Patency Adult Protocol

## Treatment Parameters

- **ONC MONITORING AND HOLD PARAMETERS 3**
  - May proceed with treatment if hepatitis B core antibody and surface antigen labs have been resulted prior to the first dose, and the results are negative.

- **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.

## Medication (Initial Dose)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Interval</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certolizumab pegol (CIMZIA PREFILLED STARTER)</td>
<td>Every 14 days</td>
<td>3 treatments</td>
</tr>
<tr>
<td>Injection kit 400 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subcutaneous, Once, Starting S, For 1 Doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administer subcutaneously (using provided 23-gauge needle) into the abdomen or thigh. For a 400 mg (2 syringes) dose, administer each 200 mg syringe at a separate site; rotate injection sites. Do not administer to areas where skin is tender, bruised, red, or hard.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Maintenance Treatment

<table>
<thead>
<tr>
<th>Medication</th>
<th>Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certolizumab pegol (CIMZIA PREFILLED)</td>
<td>Every 14 days</td>
</tr>
<tr>
<td>Injection kit 200 mg</td>
<td></td>
</tr>
<tr>
<td>Subcutaneous, Once, Starting S, For 1 Doses</td>
<td></td>
</tr>
<tr>
<td>Injection sites should be rotated and injections should not be given into areas where the skin is tender, bruised, red or hard. When a 400 mg dose is needed (given as two subcutaneous injections of 200 mg), injections should occur at separate sites in the thigh or abdomen.</td>
<td></td>
</tr>
<tr>
<td>Certolizumab pegol (CIMZIA PREFILLED)</td>
<td>Every 28 days</td>
</tr>
<tr>
<td>Injection kit 400 mg</td>
<td></td>
</tr>
<tr>
<td>Subcutaneous, Once, Starting S, For 1 Doses</td>
<td></td>
</tr>
<tr>
<td>Injection sites should be rotated and injections should not be given into areas where the skin is tender, bruised, red or hard. When a 400 mg dose is needed (given as two subcutaneous injections of 200 mg), injections should occur at separate sites in the thigh or abdomen.</td>
<td></td>
</tr>
</tbody>
</table>

## 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.

**EPIC VERSION DATE:** 09/13/20

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