Corewell Health™

Patient Name
DOB
MRN
Physician
CSN

Physician's Orders
PEGFILGRASTIM/BIOSIMILAR (NEULASTA/NEULASTA ONPRO/UDENYCA) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER
Page 1 to 2

Defaults for orders not otherwise specified below:
- ☐ Interval: Once
- ☐ Interval: Every_____ days

Duration:
- ☐ 1 Treatment
- ☐ 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

☐ CH Gerber	☐ CH Lemmen Holton (GR)	☐ CH Pennock	☐ CH Greenville
☐ CH Helen DeVos (GR)	☐ CH Ludington	☐ CH Reed City	☐ CH Zeeland
☐ CH Blodgett (GR)			

Appointment Requests

☑ Infusion Appointment Request

Status: Future, Expected: S, Expires: S+365, 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 3

PEGFILGRASTIM (NEULASTA OR ONPRO ON BODY INJECTOR OR UDENYCA OR FULPHILIA):

Do not administer in the period between 14 days before and 24 hours after administration of cytotoxic chemotherapy.

Pegfilgrastim and pegfilgrastim biosimilars are available in prefilled syringes for manual subcutaneous administration or as a kit for use with the On-body injector. Direct administration of doses less than 6 mg using the prefilled syringe is not recommended by the manufacturer (it does not have graduation marks necessary for accurate measurement of doses other than 6 mg); use caution to avoid dosing errors.

Pegfilgrastim-jmdb (Fulphila) and pegfilgrastim-cbqv (Udenyca) are approved as biosimilars to pegfilgrastim (Neulasta).

On-body injector: A health care provider must fill the On-body injector prior to applying to the patient's skin. The On-body delivery system may be applied on the same day as chemotherapy administration as long as pegfilgrastim is delivered no less than 24 hours after chemotherapy is administered. The On-body injector system will deliver pegfilgrastim over about 45 minutes approximately 27 hours after application. Do not expose the On-body injector to oxygen-rich environments (eg, hyperbaric chambers), MRI, x-ray (including airport x-ray), CT-scan, ultrasound, or radiation treatment (may damage injector system). Keep the On-body injector at least 4 inches away from electrical equipment, including cell phones, cordless phones, microwaves, and other common appliances (injector may not work properly).

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NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.

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PEGFILGRASTIM/BIOSIMILAR (NEULASTA/NEULASTA ONPRO/UDENYCA) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER *(CONTINUED)*

☑ Hypersensitivity Reaction Adult Oncology Protocol — S — Until discont'd

Routine, Until discontinued Starting when released for 24 hours
HYPERSENSITIVITY REACTIONS:
Discontinue the medication infusion immediately.

Activate emergency response for severe or rapidly progressing symptoms. Where available consider calling RAP and have crash cart available. Call 911 or code team (if applicable) as needed for an absence of pulse and respirations. Refer to site specific emergency response policy.

Stay with patient until symptoms have resolved.

Initiate/Continue Oxygen to maintain SpO2 greater than 90% and discontinue Oxygen Therapy to maintain SpO2 above 90%

For severe or rapidly progressing hypersensitivity reaction symptoms, monitor vital signs and pulse oximeter readings every 2 to 5 minutes until the patient is stable and symptoms resolve.

Document medication infusing and approximate dose received at time of reaction in the patient medical record. Document allergy to medication attributed with causing reaction in patient medical record. Complete Adverse Drug Reaction form per Pharmacy Clinical Policy.

Labs

☐ Complete Blood Count w/Differential
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous

Lab: _____ Every____days Once — Until date:_____ 1 year _____# of Treatments

Medications

☑ **Pegfilgrastim Neulasta Onpro Or Neulasta Prefilled Syringe OR Udenyca Prefilled Syringe Or Fulphila Prefilled Syringe**

☐ pegfilgrastim (NEULASTA ONPRO) injection 6 mg
6 mg, OnBody Injector, Once, Starting S, For 1 Doses
Apply filled device onto patient's intact skin on back of arm or abdomen. Refrigerate.

☐ pegfilgrastim (NEULASTA) prefilled syringe 6 mg
6 mg, Subcutaneous, Once, Starting S, For 1 Doses
pegfilgrastim (Neulasta) SHOULD NOT be given for at least 24 hours FOLLOWING chemotherapy. Refrigerate.

☐ pegfilgrastim-cbqv (UDENYCA) prefilled syringe 6 mg **(PREFERRED FORMULARY)**
6 mg, Subcutaneous, Once, Starting S, For 1 Doses
pegfilgrastim-cbqv (UDENYCA) SHOULD NOT be given for at least 24 hours FOLLOWING chemotherapy. Refrigerate.
Undenyca is the preferred SH biosimilar product.

☐ pegfilgrastim-jmdb (FULPHILA) prefilled syringe 6 mg
6 mg, Subcutaneous, Once, Starting S, For 1 Doses
pegfilgrastim-jmdb (FULPHILA) SHOULD NOT be given for at least 24 hours FOLLOWING chemotherapy. Refrigerate.

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.

TRANSCRIBED:		**VALIDATED:**		**ORDERED:**			
TIME	**DATE**	**TIME**	**DATE**	**TIME**	**DATE**	Pager #	
	Sign		**R.N. Sign**		**Physician Print**		**Physician Sign**