



Patient Name _____
 DOB _____
 MRN _____
 Physician _____
 FIN _____

Physician's Orders
PEGFILGRASTIM/BIOSIMILAR
(NEULASTA/NEULASTA ONPRO/UDENYCA) - ADULT, OUTPATIENT, INFUSION CENTER

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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

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Wound Care |

Site of Service

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> SH Gerber | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland |

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).

Labs

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

- Lab: _____
- Every ___ days
- Until date: _____
- Once
- 1 year
- _____ # of Treatments

CONTINUED ON PAGE 2 →

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

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



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

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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.
Udenyca 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.

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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

EPIC VERSION DATE: 07/16/20