Defaults for orders not otherwise specified below:

- **INDUCTION DOSES:** Interval: Every 14 days x 3 treatments
- **MAINTENANCE DOSES:**
  - 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________________________________________

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

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

**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 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.
CERTOLIZUMAB (CIMZIA) - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Labs

- Complete Blood Count w/Differential

- Hepatitis B Surface Antigen Level

- Hepatitis B Core Total Antibody Level

- Arrange For Patient To Have Id Tb Skin Test Administered And Read Or Serum Tb Screening Lab Prior To Therapy Or Annually

- TB Screen (Quantiferon Gold)

Additional Lab Orders

- Other Labs: ___________________________
  Every ___ days
  Until date: _______
  Once
  1 year
  _____ # of Treatments

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)

- certolizumab pegol (CIMZIA PREFILLED STARTER) injection kit
  400 mg, Subcutaneous, Once, Starting S, For 1 Dose
  Interval: Every 14 days
  Duration: 3 treatments
  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.

Maintenance Treatment

- certolizumab pegol (CIMZIA PREFILLED) injection kit
  200 mg, Subcutaneous, Once, Starting S, For 1 Dose
  Interval: Every 14 days
  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.

- certolizumab pegol (CIMZIA PREFILLED) injection kit
  400 mg, Subcutaneous, Once, Starting S, For 1 Dose
  Interval: Every 28 days
  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.

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.

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<th>TRANScribed:</th>
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