

Certolizumab (CIMZIA) 400 mg Loading and Q4 Week Maintenance

Certolizumab (CIMZIA) 400 mg at weeks 0, 2 and 4 followed by 400 mg every 4 weeks

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 358 days

Orders

	Interval	Defer Until	Duration
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Provider Communication

☒ Provider communication	Every 14 days		Until discontinued
Until discontinued Starting when released Until Specified			
Hepatitis B screening (HBsAg and anti-HBc Total) must be completed prior to treatment initiation. Patients with evidence of current or prior HBV infection require provider review before starting therapy.			

Tuberculosis screening must be completed prior to treatment initiation using either QuantiFERON-TB Gold or PPD. If results are positive or indeterminate, provider review is required prior to treatment initiation. Additional evaluation, including chest imaging when indicated, should be completed before starting therapy.

Do not administer certolizumab to patients with an active serious infection. Notify the ordering provider if signs or symptoms of infection are present.

Supplemental Labs

☐ Hepatitis B Screening Labs			
☒ Hepatitis B Surface Antigen	Every 365 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Hepatitis B Surface Antibody Quant	Every 365 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Hepatitis B Core Antibody, Total	Every 365 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ TB Screening Labs			
☐ QUANTIFERON TB GOLD	Every 365 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ TB Skin Test	Every 365 days		Until discontinued
Routine, Once Starting when released, Miscellaneous			
Release to patient: Immediate			
Point Of Care			
☐ Read PPD	Every 365 days		Until discontinued
Routine, Once Starting when released, Miscellaneous			
Release to patient: Immediate			

Point Of Care	Interval	Defer Until	Duration
Pre-Medications			
☒ acetaminophen (Tylenol) tablet 650 mg 650 mg, oral, Once as needed, for prior infusion reaction, Starting at treatment start time, Until Discontinued	Every 14 days		Until discontinued
☒ diphenhydramine (BENADryl) 25 mg 25 mg, oral, Once as needed, for prior infusion reaction, Starting at treatment start time, Until Discontinued Give diphenhydramine if patient has transportation. Give either loratadine or diphenhydramine, not both.	Every 14 days		Until discontinued
☒ loratadine (Claritin) tablet 10 mg 10 mg, oral, Once as needed, for prior infusion reaction, Starting at treatment start time, Until Discontinued Give loratadine if patient does NOT have transportation. Give either loratadine or diphenhydramine, not both.	Every 14 days		Until discontinued
☒ dexAMETHasone (Decadron) IV 10 mg 10 mg, intravenous, Administer over: 5 Minutes, Once as needed, for prior infusion reaction, Starting at treatment start time, Until Discontinued	Every 14 days		Until discontinued
Therapeutic Medications			
☒ certolizumab pegol (Cimzia) injection 400 mg 400 mg, subcutaneous, Once, Starting at treatment start time Total dose requires 2 prefilled syringes (or 2 vials, drawn into separate syringes after reconstitution). Bring to room temperature prior to administration.	Every 14 days		3 treatments
Administer each syringe subcutaneously (using provided 23-gauge needle) at a separate site in abdomen or thigh. Rotate injections sites; do not administer to areas where skin is tender, bruised, red, or hard.			
☒ certolizumab pegol (Cimzia) injection 400 mg 400 mg, subcutaneous, Once, Starting at treatment start time Total dose requires 2 prefilled syringes (or 2 vials, drawn into separate syringes after reconstitution). Bring to room temperature prior to administration.	Every 28 days	S+56	Until discontinued
Administer each syringe subcutaneously (using provided 23-gauge needle) at a separate site in abdomen or thigh. Rotate injections sites; do not administer to areas where skin is tender, bruised, red, or hard.			
Emergency Medications			
☒ Nursing communication STAT, Until discontinued Starting when released Until Specified If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.	PRN		Until discontinued
☒ Vital Signs STAT, Every 15 min Starting when released If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.	PRN		Until discontinued
☒ Nursing communication Once Starting when released If hypersensitivity reaction occurs: - Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible - Start 2 liters oxygen per nasal cannula and maintain airway - Change and maintain IV line with 1000 mL 0.9% Normal Saline	PRN		Until discontinued
☒ sodium chloride 0.9 % infusion 30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg 2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol HFA 90 mcg/act inhaler 2 puff 2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL	PRN		Until discontinued
☒ acetaminophen (Tylenol) tablet 650 mg	PRN		Until discontinued

	Interval	Defer Until	Duration
650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus			
☒ diphenhydramINE (BENADryl) injection 25 mg	PRN		Until discontinued
25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus			
☒ diphenhydramINE (BENADryl) injection 50 mg	PRN		Until discontinued
50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg	PRN		Until discontinued
100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus - OR - For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg	PRN		Until discontinued
0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			

Appointment Requests

☒ Infusion Appointment Request	Every 14 days		Until discontinued
Status: Once, Expected: S, Sched. Duration: 60 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after			
☒ Infusion Appointment Request	Every 28 days	S+56	Until discontinued
Status: Once, Expected: S, Sched. Duration: 60 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after			

*Provider signature	Provider printed name	*Date	Time
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*Provider phone#

***Denotes field that must be completed by healthcare worker**