

ADMIT to Infusion center of EAMC for Certolizumab Pegol (Cimzia) Injections

Diagnosis:

- ☐ Rheumatoid Arthritis with Rheumatoid Factor, Multiple Sites
- ☐ Rheumatoid Arthritis without Rheumatoid Factor, Multiple Sites
- ☐ Ankylosing Spondylitis
- ☐ Axial Spondyloarthritis, Nonradiographic
- ☐ Plaque Psoriasis
- ☐ Psoriatic Arthritis
- ☐ Crohn's Disease
- ☐ Other (Specify) _____

Lab:

*Labs should be resulted prior to infusion.

*Physician office to verify results of hepatitis profile and TB test prior to referral. Proceed with treatment if results are nonreactive or negative.

Pre-Meds:

- ☐ None required
- ☐ Acetaminophen 650 mg PO with each treatment
- ☐ Diphenhydramine 25 mg PO with each treatment
- ☐ Diphenhydramine 25 mg IV with each treatment
- ☐ Diphenhydramine 50 mg IV with each treatment
- ☐ Methylprednisolone 125 mg IV Push with each treatment
- ☐ Other: _____

Injection Orders

Drug	Fluid	Dose	Route
Certolizumab Pegol (Cimzia)	Syringe	See Below	SubQ

Loading Dose:

- ☐ 400 mg (via 2 separate 200 mg subcutaneous injections) at weeks 0, 2, and 4.

Maintenance Dose:

- ☐ 200 mg every 2 weeks via 1 separate subcutaneous injection after loading dose.
- ☐ 400 mg every 4 weeks via 2 separate subcutaneous injections after loading dose.
- ☐ 400 mg every 2 weeks via 2 separate subcutaneous injections (**Plaque Psoriasis ONLY**)

Ancillary Treatment/Administrative Procedure

- ❖ Monitor vital signs prior to injection, then as needed.
- ❖ May use Infusion Center at EAMC Non-Oncology standing orders.

Ordering Physician

Date

Time

**EAST ALABAMA MEDICAL CENTER
EAMC Infusion Order Set
Certolizumab Pegol (CIMZIA) Injections**

Patient Identification