PeaceHealth

Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the x to remove the pre-checked option.

PEGFILGRASTIM OR BIOSIMILAR THERAPY PLAN[11500588]
Columbia Network Infusion Centers

Select Location: o Southwest/Vancouver o St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

x ***I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.***

Supportive Care **Interval**

PLEASE SELECT (AND OBTAIN INSURANCE AUTHORIZATION IF REQUIRED) FOR ONE OF THE PEACEHEALTH PREFERRED AGENTS BELOW. THEY ARE LISTED IN ORDER OF PREFERENCE.

o pegfilgrastim-apgf (NYVEPRIA) 6MG/0.6 ML SubQ
Frequency _____

o pegfilgrastim (NEULASTA) 6MG/0.6 ML SubQ
Frequency _____

o pegfilgrastim-cbqv (UDENYCA) 6MG/0.6 ML SubQ
Frequency _____

Provider Signature Date Time

Provider's Printed Name:

Place Patient Label Here