

# CIMZIA

(certolizumab pegol)



## PATIENT DEMOGRAPHICS

Patient Name:	Patient's Phone Number:
Date of Birth:	Address:
Allergies: See List <input type="checkbox"/> NKDA <input type="checkbox"/>	City, State, Zip:
Weight: _____ lbs or _____ kg	Patient's Email:

## REQUIRED DOCUMENTATION

- Insurance Card
- History & Physical
- Patient Demographics
- Most Recent Labs
- Medication List
- Tried/Failed Therapies
- Negative TB Results
- Negative Hep B Panel

## PRIMARY DIAGNOSIS

- |   |   |
|---|---|
| <input type="checkbox"/> K50.90 Crohn's disease, unspecified, without complications             | <input type="checkbox"/> M05.9 Rheumatoid arthritis with rheumatoid factor, unspecified   |
| <input type="checkbox"/> L40.0 Psoriasis vulgaris   | <input type="checkbox"/> M06.00 Rheumatoid arthritis without rheumatoid factor, unsp site |
| <input type="checkbox"/> L40.50 Arthropathic psoriasis, unspecified                             | <input type="checkbox"/> M06.89 Other specified rheumatoid arthritis, multiple sites      |
| <input type="checkbox"/> M05.79 Rheumatoid arthritis with rheumatoid factor, w/o org/sys involv | <input type="checkbox"/> M06.9 Rheumatoid arthritis, unspecified                          |
|   | <input type="checkbox"/> Other: _____   |

## LAB ORDERS: PLEASE INCLUDE FREQUENCY

Please list any labs to be drawn by the infusion clinic: \_\_\_\_\_

## PRE-MEDICATIONS

- Per infusion clinic protocol: No recommended standard pre-meds for Cimzia
- Provider Prescribed: \_\_\_\_\_

## PRIMARY MEDICATION ORDER

### Crohn's Disease:

- Cimzia 400mg subQ injection at week 0, 2, 4, and every 4 weeks thereafter

### Rheumatoid Arthritis:

- Cimzia 400mg subQ injection at week 0, 2, 4, and then 200mg subQ Injection every other week thereafter

### Psoriatic Arthritis:

- Cimzia 400mg subQ injection at week 0, 2, 4, and then 200mg subQ Injection every other week thereafter

Other: \_\_\_\_\_

First Dose:  Y  N  Refill x12 months unless otherwise noted: \_\_\_\_\_

### Ankylosing Spondylitis:

- Cimzia 400mg subQ injection at week 0, 2, 4, and then 200mg subQ Injection every other week thereafter

### Non-radiographic Axial Spondyloarthritis:

- Cimzia 400mg subQ injection at week 0, 2, 4, and then 200mg subQ Injection every other week thereafter

### Plaque Psoriasis:

- Cimzia 400mg subQ injection every other week

## ADVERSE REACTION & ANAPHYLAXIS ORDERS

- Administer acute infusion and anaphylaxis medications per FlexCare Infusion Centers' protocol (See flexcareinfusion.com for detailed policy)
- Other: Please fax other reaction orders if checking this box

## PROVIDER INFORMATION: PLEASE CHECK PREFERRED FORM OF COMMUNICATION

Provider Name:	Office Contact:
Address:	Phone:
City, State, Zip:	<input type="checkbox"/> Fax:
NPI AND License:	<input type="checkbox"/> Email:

Provider Signature

Date