



# CIMZIA (certolizumab pegol)

## PATIENT INFORMATION

PATIENT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 ALLERGIES:     SEE LIST                       NKDA                      WEIGHT:                       LB    OR                       KG

## REQUIRED DOCUMENTATION

1. Insurance Card                      2. History & Physical                      3. Patient Demographics                      4. Most Recent Labs                      5. Medication List  
 6. Tried/Failed Therapies                      7. Negative TB Results                      8. Negative Hep B Panel

## PRIMARY DIAGNOSIS

- K50.90 Crohn's disease, unspecified, without complications                       L40.0 Psoriasis vulgaris                       L40.50 Arthropathic psoriasis, unspecified  
 M05.79 Rheumatoid arthritis with rheumatoid factor,w/o org/sys involv                       M05.9 Rheumatoid Arthritis with rheumatoid factor, unspecified  
 M06.00 Rheumatoid arthritis without rheumatoid factor, unsp site                       M06.89 Other specified rheumatoid arthritis, multiple sites  
 M06.9 Rheumatoid arthritis, unspecified                       Other \_\_\_\_\_

## LABS ORDERS: PLEASE INCLUDE FREQUENCY

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

## PRE-MEDICATIONS

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

## PRIMARY MEDICATION ORDER

<b>Crohn's Disease:</b> <input type="checkbox"/> Cimzia 400mg subQ injection at week 0, 2, 4, and every 4 weeks thereafter	<b>Ankylosing Spondylitis:</b> <input type="checkbox"/> Cimzia 400mg subQ injection at week 0, 2, 4, and then 200mg subQ Injection every other week thereafter
<b>Rheumatoid Arthritis:</b> <input type="checkbox"/> Cimzia 400mg subQ injection at week 0, 2, 4, and then 200mg subQ Injection every other week thereafter	<b>Non-radiographic Axial Spondyloarthritis:</b> <input type="checkbox"/> Cimzia 400mg subQ injection at week 0, 2, 4, and then 200mg subQ Injection every other week thereafter
<b>Psoriatic Arthritis:</b> <input type="checkbox"/> Cimzia 400mg subQ injection at week 0, 2, 4, and then 200mg subQ Injection every other week thereafter	<b>Plaque Psoriasis:</b> <input type="checkbox"/> Cimzia 400mg subQ injection every other week

## ADVERSE REACTION & ANAPHYLAXIS ORDERS

- Administer acute infusion and anaphylaxis medications per Parkway Pain Care & Rehabilitation PC - Life Specialty Solutions (See lifespecialtysolutions.com for detailed policy)  
 Other: (Please send other reaction orders if checking this box)  
 First Dose?                      Yes                      No                      Refill x 12 months unless otherwise noted \_\_\_\_\_

## PRESCRIBER INFORMATION

PROVIDER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 OFFICE CONTACT: \_\_\_\_\_ FAX: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_ NPI AND LICENSE: \_\_\_\_\_

**X**

PROVIDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_