

Cimzia (Certolizumab)

PATIENT INFORMATION

Referral Status (check one): New Referral Updated Order Order Renewal

Patient Name: _____ DOB: _____

NKDA Allergies: _____ Weight _____ Please specify: lbs kg Height: _____

Patient Status (check one): New to Therapy Continuing Therapy | Last Treatment Date: _____ Next Due Date: _____

ICD-10 code (required): _____ ICD-10 description: _____

REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.

PRESCRIPTION

NURSING

- TB status & date (list results here & attach clinicals)
- _____
- Hepatitis B status & date (list results here & attach clinicals)
- _____

PRE-MEDICATION ORDERS

- acetaminophen (Tylenol) 500mg | 650mg | 1000mg PO
 - cetirizine (Zyrtec) 10mg PO
 - loratadine (Claritin) 10mg PO
 - diphenhydramine (Benadryl) 25mg | 50mg | PO | IV
 - methylprednisolone (Solu-Medrol) 40mg | 125mg IV
 - hydrocortisone (Solu-Cortef) 100mg IV
 - Other: _____
- Dose: _____ Route: _____
 Frequency: _____

THERAPY ADMINISTRATION

- Certolizumab** (Cimzia) subcutaneous injection
 - Induction
 - Dose: 400mg / _____ mg at Week 0, 2, 4, and then with maintenance dosing below
 - Give each 200mg injection separately
 - Maintenance
 - Dose: 200mg / 400mg
 - Frequency: every 2 weeks / every 4 weeks / other: _____
- Patient required to stay for 30-min observation
- Refills: Zero / for 12 months / _____
 (if not indicated order will expire one year from date signed)

* Evaluate patients for tuberculosis risk factors and test for latent infection prior to initiating CIMZIA and periodically during therapy. Treatment of latent tuberculosis infection prior to therapy with TNF-blocking agents has shown to reduce risk of tuberculosis reactivation during therapy. Prior to initiating CIMZIA, assess if treatment for latent tuberculosis is needed; and consider an induration of 5 mm or greater a positive tuberculin skin test result, even for patients previously vaccinated with Bacille Calmette-Guerin (BCG).

* Test patients for HBV infection before initiating treatment with CIMZIA. For patients who test positive for HBV infection, consultation with a physician with expertise in the treatment of hepatitis B is recommended.

SPECIAL INSTRUCTIONS

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____
 Ordering Provider: _____ Provider NPI: _____
 Referring Practice Name: _____ Phone: _____ Fax: _____
 Practice Address: _____ City: _____ State: _____ Zip Code: _____

 Provider Name (Print) Provider Signature Date