

# Certolizumab (Cimzia)

Provider Order Form rev. 10/12/2022

Fax Form to: 330-294-2082



INDY INFUSION

## PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight (lbs/kg):	Height:
Patient Status: <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy	Last Treatment Date:	Next Due Date:

## PROVIDER INFORMATION

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

## NURSING

- ☒ Provide nursing care, including reaction management and post procedure observation
- ☒ TB status & date (list results here & attach clinicals)  
\_\_\_\_\_
- ☒ Hepatitis B status & date (list results here & attach clinicals)  
\_\_\_\_\_

## 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 is required to stay for 30-minute observation
- ☐ Refills: ☐ Zero / ☐ for 12 months / ☐ \_\_\_\_\_  
(if not indicated order will expire one year from date signed)

## 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: \_\_\_\_\_

## SPECIAL INSTRUCTIONS

\*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.

Provider Name (Print)

Provider Signature

Date

Please include the following information when submitting a referral for Cimzia:

Results of a recent tuberculosis (TB) skin/lab testing

Patient's current weight and height

Clinicals to support one or more of the following:

Patient has moderately to severely active rheumatoid arthritis (RA)

Patient has active psoriatic arthritis

Patient has active ankylosing spondylitis

Patient has active moderately to severely Crohn's disease who has had an inadequate response to conventional therapy

Patient has moderate to severe plaque psoriasis (PSO) who is a candidate for systemic therapy or phototherapy

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