

CIMZIA (certolizumab pegol)

Status	<input type="checkbox"/> New Therapy <input type="checkbox"/> Order Renewal <input type="checkbox"/> Dosage or Frequency Change			
Diagnosis	<input type="checkbox"/> ICD 10: M06.__ Rheumatoid Arthritis (RA)	<input type="checkbox"/> ICD 10: M45.__ Ankylosing Spondylitis (AS)		
	<input type="checkbox"/> ICD 10: L40.5 Psoriatic Arthritis (PsA)	<input type="checkbox"/> ICD 10: K50.__ Crohn's Disease (CD)		
	<input type="checkbox"/> ICD 10: L40.9 Plaque Psoriasis (PS)	Other: _____		
Pertinent Medical Hx	Patient's weight (most recent): _____ lbs / kg (circle one) Date: _____			
	TB Status & Date: _____ Hepatitis B Status & Date: _____			
Labs	Labs to be drawn by: <input type="checkbox"/> Infusion Clinic <input type="checkbox"/> Referring Physician			
	If Infusion Clinic: _____			
Premeds	<input type="checkbox"/> No premeds necessary			
	<input type="checkbox"/> acetaminophen (Tylenol) <input type="checkbox"/> 500mg / <input type="checkbox"/> 650mg / <input type="checkbox"/> 1000mg PO			
	<input type="checkbox"/> cetirizine (Zyrtec) 10mg PO - OR - <input type="checkbox"/> diphenhydramine (Benadryl) 25mg PO			
	<input type="checkbox"/> other: _____			
IV Fluids	<input type="checkbox"/> NS TKO <input type="checkbox"/> Other: _____			
Medication Order	Initial / Reload: <input type="checkbox"/> Cimzia 400mg SubQ at 0, 2, 4 weeks, then every 4 weeks thereafter.			
	Maintenance: <input type="checkbox"/> Cimzia 400mg SubQ every 4weeks <input type="checkbox"/> Cimzia 200mg SubQ every 2 weeks			
	Refills: <input type="checkbox"/> x 1 year <input type="checkbox"/> x _____ doses <input type="checkbox"/> No refills; give this dose only.			
Monitoring	Monitor for signs/symptoms of hypersensitivity during infusion and 30 mins post-infusion. For any signs of infusion reaction: STOP infusion. Contact on-site provider for instruction.			
Additional Orders				
Physician Information	Physician Name	_____	NPI	_____
	Office Contact	_____	Phone	_____
	Provider Signature:	_____	Date	_____

REQUIRED DOCUMENTATION	
<input type="checkbox"/> Patient Demographics & Insurance Information:	- Copy of patient's insurance card – front and back
<input type="checkbox"/> Clinical / Progress Notes, supporting primary diagnosis:	- 2 most recent office notes - Medication history
<input type="checkbox"/> Most Recent Labs:	- CMP and CBC - TB screening (PPD, QFT Gold or TSpot) - Baseline Liver Enzymes

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