



**Cimzia**  
Provider Order Form

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Home Phone: \_\_\_\_\_ Patient Cell Phone: \_\_\_\_\_ Patient Email: \_\_\_\_\_

Emergency/Alternate Contact Name: \_\_\_\_\_ Emergency/Alternate Contact Phone: \_\_\_\_\_

NKDA  Allergies: \_\_\_\_\_ Weight lbs/kg: \_\_\_\_\_ Height: \_\_\_\_\_

Patient Status:  New to Therapy  Continuing Therapy  Therapy Change Last infusion date (if applicable): \_\_\_\_\_

**REQUIRED DOCUMENTATION**

Labs  Insurance Card (front and back)  Current Medications  History/Progress Notes

**ICD-10 CODE**

K50.90 Crohn's Disease  M06.9 Rheumatoid arthritis  M45.9 Ankylosing Spondylitis  L40.50 Psoriatic Arthritis

L40.0 Plaque Psoriasis  M45.A0 Non-radiographic Axial Spondyloarthritis, unspecified sites  Other: \_\_\_\_\_

**PRE-MEDICATION ORDER**

**Acetaminophen** (Tylenol)  500mg  650mg  1000mg PO **Diphenhydramine** (Benadryl)  25mg  50mg  PO  IV

**Cetirizine** (Zyrtec)  10mg PO **Methylprednisolone** (Solu-Medrol)  40mg IV  125mg IV

**Loratadine** (Claritin)  10mg PO **Hydrocortisone** (Solu-Cortef)  100mg IV

Other: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

**MEDICATION ORDER**

**Cimzia** (certolizumab pegol) **Initiation Therapy** (also select maintenance therapy order):

400mg SC (given as 2 SC injections of 200mg each) at week 0, 2 and 4  Other: \_\_\_\_\_

**Maintenance Therapy:**

200mg SC every other week  400mg SC every 4 weeks  400mg SC every other week

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

**PROVIDER INFORMATION**

Provider Name: \_\_\_\_\_ Provider Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

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\_\_\_\_\_  
**Provider Name** **Provider Signature** **Date**  Check here if this is a stat order

Order is valid for 1 year from date of signature and refills will be provided to cover the duration of treatment unless otherwise indicated.