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smartinfusion
THERAPY SERVICES

Cimzia (Certolizumab)
Subcutaneous Injection Order Form

Patient Information

Patient Name: _____ DOB: _____ M ☐   F ☐

Allergies: _____ Allergies to Latex: ☐ Yes   ☐ No

☐ New Treatment   ☐ Continuing Treatment   Last Treatment Date: _____   Next Due Date: _____

Diagnosis and ICD 10 Code   (Required)

☐ Moderate to Severe Rheumatoid Arthritis ICD 10 Code: M06.9   ☐ Active Ankylosing Spondylitis   ICD 10 Code: M45.9

☐ Moderate to Severe Crohn's Disease   ICD 10 Code: K50.90   ☐ Active Psoriatic Arthritis   ICD 10 Code: L40.52

☐ Moderate to Severe Plaque Psoriasis   ICD 10 Code: L40.0   ☐ Active Axial Spondylarthritis   ICD 10 Code: M47.9

☐ Other: _____   ICD 10 Code: _____

Required Tests   (within 12 months & attach results)

TB/Quantiferon Status & Date: _____

Hepatitis B Status & Date: _____

Required Labs   (within 3 months & attach results)

CBC   Results _____

CMP   Results _____

CRP   Results _____

Other: _____

Pre-Medication Orders

Acetaminophen (Tylenol) ☐ 500mg ☐ 650mg ☐ 1000mg ☐ PO

Diphenhydramine (Benadryl)   ☐ 25mg ☐ 50mg ☐ PO ☐ IV

Methylprednisolone (Solu-Medrol)   ☐ 125mg ☐ IV

Ondansetron (Zofran)   ☐ 4mg ☐ 8mg ☐ PO ☐ IV

Other: _____ Route: _____

Dose: _____ Frequency: _____

Nursing

Provide nursing care per Smart Infusion Nursing Procedures,
Including reaction management and post-procedure observation.

Special Instructions / Notes

Cimzia Medication Order

Patient Weight: _____ KG

Dosage – Subcutaneous Injection

☐ 200mg

☐ 400mg

☐ Other: _____ mg

Frequency

☐ Induction week 0, 2, 4 then maintenance dosing

☐ Maintenance every 2 weeks

☐ Maintenance every 4 weeks

☐ Other: _____

Required Documents

☐ Patient Demographic Sheet

☐ H & P within the past 6 months

☐ Current Medication List

☐ Clinical and Progress Notes

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____