

CIMZIA



Central Fax: 800-504-0870

(certolizumab pegol)

PATIENT DEMOGRAPHICS

Patient Name:	Patient's Phone Number:
Date of Birth:	Address:
Allergies: See List ☐ NKDA ☐	City, State, Zip:
Weight: _____ lbs or _____ kg	Patient's Email:

REQUIRED DOCUMENTATION

- Insurance Card
- History & Physical
- Patient Demographics
- Most Recent Labs
- Tried/Failed Therapies
- Negative TB Results
- Negative Hep B Panel
- Medication List

PRIMARY DIAGNOSIS

- | | |
|---|---|
| ☐ K50.90 Crohn's disease, unspecified, without complications | ☐ M05.9 Rheumatoid arthritis with rheumatoid factor, unspecified |
| ☐ L40.0 Psoriasis vulgaris | ☐ M06.00 Rheumatoid arthritis without rheumatoid factor, unsp site |
| ☐ L40.50 Arthropathic psoriasis, unspecified | ☐ M06.89 Other specified rheumatoid arthritis, multiple sites |
| ☐ M05.79 Rheumatoid arthritis with rheumatoid factor w/o org/sys involvement | ☐ M06.9 Rheumatoid arthritis, unspecified |
| | ☐ Other: _____ |

PRE-MEDICATIONS: **no standard pre-medications unless otherwise indicated**

- | | | | |
|---|--|---|--|
| ☐ Diphenhydramine 25mg PO | ☐ Pepcid 20mg PO | ☐ Cetirizine 10mg PO | ☐ Solu-medrol 40mg IVP |
| ☐ Diphenhydramine 50mg PO | ☐ Pepcid 20mg IVP | ☐ Tylenol 650mg PO | ☐ Solu-medrol 125mg IVP |
| ☐ Diphenhydramine 25mg IVP | | | ☐ Other: _____ |
| ☐ Diphenhydramine 50mg IVP | | | |

PRIMARY MEDICATION ORDER: If necessary, Suite Life will round dose up/down according to payor guidelines

- | | |
|--|---|
| ☐ Crohn's Disease: Cimzia 400mg subQ injection at Week 0, 2, 4, and every 4 weeks thereafter | Ankylosing Spondylitis: Cimzia 400mg subQ injection at Week 0, 2, 4, and then 200mg subQ injection every other week thereafter |
| ☐ Rheumatoid Arthritis: Cimzia 400mg subQ injection at Week 0, 2, 4, and then 200mg subQ injection every other week thereafter | Non-radiographic Axial Spondyloarthritis: Cimzia 400mg subQ injection at Week 0, 2, 4, and then 200mg subQ injection every other week thereafter |
| ☐ Psoriatic Arthritis: Cimzia 400mg subQ injection at Week 0, 2, 4, and then 200mg subQ injection every other week thereafter | Plaque Psoriasis: Cimzia 400mg subQ injection every other week |
| First Dose: ☐ Y ☐ N ☒ Refill x12 months unless otherwise noted: _____ | Other: _____ |

LINE USE/CARE ORDERS

- ☒ Start PIV/ACCESS CVC ☒ Flush device per Suite Life Health's protocol (See suitelifehealth.com for detailed policy)
- ☐ Other Flush Orders: Please fax other line care orders if checking this box

ADVERSE REACTION & ANAPHYLAXIS ORDERS

- ☒ Administer acute infusion reaction and anaphylaxis medications per Suite Life Health's protocol (See suitelifehealth.com for detailed policy)
- ☐ Other: Please fax other reaction orders if checking this box

PROVIDER INFORMATION: PLEASE CHECK PREFERRED FORM OF COMMUNICATION

Provider Name:	Office Contact:
Address:	Phone:
City, State, Zip:	☐ Fax:
NPI AND License:	☐ Email:

Provider Signature

Date

REV: 825