CERTOLIZUMAB (CIMZIA®) PRESCRIBER ORDER FORM

Patient Name:		**Date of Birth:**		**Gender:**
Address:				
Patient Phone:	**Height:**	☐ inches ☐ cm	**Weight:**	☐ lbs. ☐ kg

Clinical Information

Primary Diagnosis Description:	**ICD-10 Code:**

Is this the first dose?	☐ Yes – date of first dose: ☐ No – date of last dose:	**Hepatitis B Status:**	Titer Date: ☐ Positive ☐ Negative

TB Status:	☐ PPD (negative) – date: _____ ☐ Last chest x-ray – date: _____ ☐ Quantiferon or T Spot Assay result and date: _____ ☐ Past positive TB infection, course taken: _____ _____	☐ Active TB ☐ Unknown

Certolizumab (Cimzia®) Prescription

Certolizumab (Cimzia®) 200 mg/mL Kit refill as directed x 1 year

Initial Dose: ☐ Inject 400 mg SUBQ on Weeks 0, 2, and 4.

☐ Other: _____

Maintenance Dose: ☐ Inject 400 mg SUBQ every 4 weeks (Crohn's disease).
☐ Inject 200 mg SUBQ every other week or 400 mg every 4 weeks (ankylosing spondylitis).
☐ Inject 200 mg SUBQ every other week – ☐ consider 400 mg SUBQ every 4 weeks (psoriatic or rheumatoid arthritis).

☐ Other: _____

Ancillary Orders

Medication Orders

☐ Other: _____

Lab Orders

☐ No labs ordered at this time.

☐ Other: _____

Skilled nurse to assess and administer and/or teach self-administration where appropriate via (IV/SUBQ) access device as indicated above. Nurse will provide ongoing support as needed. Refill above ancillary orders as directed x 1 year.
If patient is seen within a provider led infusion clinic, Option Care Health's infusion reaction management policy, skilled nursing plan of treatment, and IV flush administration will be followed per provider oversight. No individual anaphylaxis kit will be dispensed.

I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.

Prescriber Signature: _____ **Date:** _____

Prescriber Information

Prescriber Name:	**Phone:**	**Fax:**
Address:	**NPI:**	
City, State:	**Zip:**	**Office Contact:**

Fax completed form, insurance information, and clinical documentation to: 713-983-4647

