Certolizumab (Cimzia)

Provider Order Form rev. 10/12/2022

PATIENT INFORMATION

Referral Status: ☐ New Referral   ☐ Updated Order   ☐ Order Renewal

Date: Patient Name: DOB:

ICD-10 code (required):   ICD-10 description:

☐ NKDA   Allergies: Weight (lbs/kg):   Height:

Patient Status: ☐ New to Therapy   ☐ Continuing Therapy   Last Treatment Date: Next Due Date:

PROVIDER INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

NURSING

☑ Provide nursing care per 360 Infusion Center Nursing Procedures, including reaction management and post-procedure observation

☑ TB status & date (list results here & attach clinicals)

_____

☑ Hepatitis B status & date (list results here & attach clinicals)

_____

PRE-MEDICATION ORDERS

☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO

☐ cetirizine (Zyrtec) 10mg PO

☐ loratadine (Claritin) 10mg PO

☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV

☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV

☐ hydrocortisone (Solu-Cortef) ☐ 100mg IV

☐ Other: _____
   Dose: _____ Route: _____
   Frequency: _____

THERAPY ADMINISTRATION

☑ **Certolizumab** (Cimzia) subcutaneous injection

   ☐ Induction

   ▪ Dose: ☐ 400mg / ☐ _____mg at Week 0, 2, 4, and then with maintenance dosing below
   ▪ Give each 200mg injection separately

   ☐ Maintenance

   ▪ Dose: ☐ 200mg / ☐ 400mg
   ▪ Frequency: ☐ every 2 weeks / ☐ every 4 weeks / ☐ other: _____

☐ Patient is required to stay for 30-minute observation

☐ Refills: ☐ Zero / ☐ for 12 months / ☐ _____

(if not indicated order will expire one year from date signed)

SPECIAL INSTRUCTIONS

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*Evaluate patients for tuberculosis risk factors and test for latent infection prior to initiating CIMZIA and periodically during therapy. Treatment of latent tuberculosis infection prior to therapy with TNF-blocking agents has shown to reduce risk of tuberculosis reactivation during therapy. Prior to initiating CIMZIA, assess if treatment for latent tuberculosis is needed; and consider an induration of 5 mm or greater a positive tuberculin skin test result, even for patients previously vaccinated with Bacille Calmette-Guerin (BCG).

*Test patients for HBV infection before initiating treatment with CIMZIA. For patients who test positive for HBV infection, consultation with a physician with expertise in the treatment of hepatitis B is recommended.

Provider Name (Print)   **Provider Signature**   **Date**