

Certolizumab (Cimzia)



Provider Order Form rev. 08/17/2023

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 IVX Nursing Procedures, including reaction management and post-procedure observation **NOTE:** IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 05.01.2023)
- ☒ TB status & date (list results here & attach clinicals)

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

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)

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: _____

SPECIAL INSTRUCTIONS

*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

FAX NUMBERS

- | | | | | |
|---|---|---|---|---|
| ☐ AUSTIN: 512-772-2824 | ☐ CONNECTICUT: 860-955-1532 | ☐ INDIANAPOLIS: 844-983-2028 | ☐ NORTH CENTRAL FL: 352-756-4191 | ☐ RALEIGH: 919-287-2551 |
| ☐ BAY AREA: 844-889-0275 | ☐ DAYTONA: 386-259-6096 | ☐ JACKSONVILLE: 904-212-2338 | ☐ NORTH JERSEY: 551-227-2823 | ☐ SAN ANTONIO: 726-238-9950 |
| ☐ CHARLOTTE: 336-663-0143 | ☐ DELAWARE: 302-596-8553 | ☐ KANSAS CITY: 844-900-1292 | ☐ NORTHWEST AR: 888-615-1445 | ☐ SARASOTA: 941-870-6550 |
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