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Cimzia (Certolizumab)

Provider Order Form rev. 4/10/2022

PATIENT INFORMATION Re	eferral Status (check one):	☐ New Referral	☐ Updated Order	☐ Order Renewal	
Patient Name:			DOB:		
NKDA Allergies:	Weight	Please specify	: 🗆 lbs 🗆 kg	Height:	
Patient Status (check one): New to Therapy Continuing Therapy	Last Treatment Date:		Next Due Date:		
ICD-10 code (required): ICD-10 des	scription:				
REQUIRED: Demographics & Most Recent: H&P, clinical past tried and/or failed therapies, intolerance,				ny	
PRESCRIPTION					
NURSING	THERAPY ADMINIS	STRATION			
\square TB status & date (list results here & attach clinicals)	☐ Certolizumab ☐ Induction	 □ Certolizumab (Cimzia) subcutaneous injection □ Induction 			
☐ Hepatitis B status & date (list results here & attach clinicals)	• Dose: ☐ 40	Dose: ☐ 400mg / ☐ mg at Week 0, 2, 4, and then with maintenance dosing below			
Provide nursing care per AdaptIV Infusion Nursing Procedures, include reaction management and post-procedure observation	ing • Give each Maintenan	 Give each 200mg injection separately Maintenance Dose: □200mg / □400mg Frequency: □ every 2 weeks / □ every 4 weeks / □ other: 			
PRE-MEDICATION ORDERS □ acetaminophen (Tylenol) □ 500mg □ 650mg □ 1000mg PO	Frequency				
☐ cetirizine (Zyrtec) 10mg PO☐ loratadine (Claritin) 10mg PO☐		 □ Patient required to stay for 30-min observation □ Refills: □ Zero / □ for 12 months / □ 			
	(if not indicate	d order will expire	one year from date	signed)	
□ hydrocortisone (Solu-Cortef) □ 100mg IV□ Other:	prior to initiating	 Evaluate patients for tuberculosis risk factors and test for latent infection prior to initiating CIMZIA and periodically during therapy. Treatment of 			
Dose: Route: Frequency:		latent tuberculosis infection prior to therapy with TNF-blocking agents has shown to reduce risk of tuberculosis reactivation during therapy. Prior to			
	initiating CIMZIA consider an indu result, even for p (BCG). * Test patients for	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			
SPECIAL INSTRUCTIONS	•		nepatitis B is recomm		
PROVIDER INFORMATION					
Referral Coordinator Name:	Referral Coordinator	Referral Coordinator Email:			
Ordering Provider:	Provider NPI:	Provider NPI:			
Referring Practice Name:	Phone:	Fax	•		
Practice Address:	City:	Stat	te: Zip Cod	e:	
Provider Name (Print) Provider Signature)		 Date		