

VITALCARE® of SAN ANGELO

CIMZIA (CERTOLIZUMAB PEGOL) SUB-Q ORDERS

REQUIRED INFORMATION

□ This signed order form from the provider

□ Patient demographics & insurance information

Clinical/Progress Notes, Labs & Tests supporting primary diagnosis

□ TB Test Attached □ Perform TB Testing

TB Protocol: Baseline testing: Quantiferon Gold (QFT Gold) or PPD. **Vearly TB Screening** (Optional)

□ Hepatitis B Protocol: Hep B surface antigen and Hep B Core AB total required.

| Patient Name: | DOB: |
|---------------|----------------|
| Allergies: | Patient Phone: |

Diagnosis:

| Crohn's Disease (ICD-10 Code: | _) | □ Ankylosing Spondylitis (I | CD-10 Code: |) |
|------------------------------------|----|-----------------------------|-------------|---|
| Psoriatic Arthritis (ICD-10 Code: | _) | □ Other | _ (|) |
| Rheumatoid Arthritis (ICD-10 Code: |) | | | |

J Code: J0717

| (| CIMZIA ORDERS |] |
|--|---------------------|---------|
| Initial dose: □400mg SubQ at weeks 0,2 and | 14 | |
| Maintenance dose: □200mg SubQ every | _ weeks for weeks | |
| □400mg SubQ every | _ weeks for weeks | |
| **Date of last | Humira CIMZIA dose: | _ Date: |
| | | |

Additional Instructions:

| Physician Name: | Phone: | Fax: | | | |
|------------------------|--------|------|--|--|--|
| **Physician Signature: | Date: | | | | |