MPP INFUSION CENTERS
www.mppinfusion.com

Fax Referrals To: (855) 891-2191
Email Referrals To: MPPReferral@mppinfusion.com
Have a Question? (855) 478-1528

CIMZIA® (CERTOLIZUMAB PEGOL) ORDER FORM

(- Required Fields)*

____ **STAT REQUEST**
(*REASON MUST BE PROVIDED BELOW)

_____ **New Referral** _____ **Order Renewal** _____ **Medication/Order Change**
_____ **Benefits Verification Only** _____ **Discontinuation Order**

PATIENT INFORMATION			
NAME*:		DOB*:	SEX: ☐ M ☐ F
ADDRESS:		PHONE:	
WEIGHT: ☐ LBS ☐ KG	HEIGHT:	EMAIL:	
ALLERGIES:			

PHYSICIAN INFORMATION		
PHYSICIAN NAME*:		PRACTICE NAME:
ADDRESS:		OFFICE CONTACT*:
PHONE:	FAX:	EMAIL *(FOR UPDATES)*:

CIMZIA ORDER*:

ICD-10*: _____

*(SELECT **ONE** OF THE FOLLOWING)*

____ **Initial/Reloading Dosing and Maintenance Dosing:**
_____mg injection on day 0, 2, 4 weeks and every _____ weeks ____

OR

____ **Maintenance Dosing:** _____mg injection every _____ weeks

Physician Signature* _____ **Date*(Order is Valid for One Year)** _____
Infusion will be administered per MPP policy and protocols

REQUIRED DIAGNOSIS:

- _____ Ankylosing Spondylitis
- _____ Crohn's Disease
- _____ Psoriatic Arthritis
- _____ Rheumatoid Arthritis
- _____ Plaque Psoriasis
- _____ Non-radiographic Axial Spondyloarthritis
- _____ Other_____

***STAT REASON:**
(Priority requests will be assessed per MPP policy and protocols)

REQUIRED DOCUMENTATION CHECKLIST:

- _____ Patient Demographics
- _____ Insurance Card/Information
- _____ Clinical/Progress Notes supporting DX
- _____ Current Medication List and H&P
- _____ HepB Core (if available)
- _____ HepB Surf Ag (w/in 36 months)
- _____ TB Results (w/in 6 months)-if positive, need negative chest Xray and negative TSpot

Last Infusion/Injection Date: _____

STANDING LAB ORDERS: _____ CMP _____ CBC

____ Labs to be drawn by Infusion Center Frequency _____

NOTES/ADDITIONAL COMMENTS:

Locations:

--------Colorado--------
- ___ Lakewood

---------Florida---------
- ___ Jacksonville
- ___ Kissimmee
- ___ Port St. Lucie
- ___ Suncoast
- ___ Winter Park

----------Texas----------
- ___ Arlington
- ___ Cedar Hill
- ___ Dallas
- ___ Denton
- ___ Ft. Worth
- ___ Irving
- ___ Rockwall
- ___ Southlake
- ___ Flower Mound
- ___ Plano
- ___ Tyler

REVISION DATE- 03/2021