



CIMZIA® (CERTOLIZUMAB PEGOL) ORDER FORM **STAT REQUEST**
(* - Required Fields) (*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:
<input type="checkbox"/> Ankylosing Spondylitis
<input type="checkbox"/> Crohn's Disease
<input type="checkbox"/> Psoriatic Arthritis
<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Plaque Psoriasis
<input type="checkbox"/> Non-radiographic Axial Spondyloarthritis
<input type="checkbox"/> Other _____
*STAT REASON: (Priority requests will be assessed per MPP policy and protocols)

REQUIRED DOCUMENTATION CHECKLIST:
<input type="checkbox"/> Patient Demographics
<input type="checkbox"/> Insurance Card/Information
<input type="checkbox"/> Clinical/Progress Notes supporting DX
<input type="checkbox"/> Current Medication List and H&P
<input type="checkbox"/> HepB Core (if available)
<input type="checkbox"/> HepB Surf Ag (w/in 36 months)
<input type="checkbox"/> 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

-----Oklahoma-----
 Tulsa

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

REVISION DATE- 09/2021