

Cimzia Injection



InfusionForHealth.com
Ph: 888-777-1945 | Fax: 805-852-2636

Date: _____ Treatment Location: _____

PROVIDERS: Please include the following to expedite the order.

Demographics, Insurance Information, Current Medications
H&P Relevant to Diagnosis, Current CBC & CMP, Hep B Results, TB Results
If applicable, notes should address: contraindicated or tried and failed previous biologic. If no previous biologic, other drugs tried and failed.

PATIENT INFORMATION

Patient Name: _____

Patient Contact Number: _____

DOB: _____

Allergies: _____

Weight: _____ lbs / kg Height: _____

Diagnosis: K50.90 Crohn's disease of small intestine
 L40.0 Psoriasis Vulgaris
 M06.80 Other specified rheumatoid arthritis, multiple sites
 M45.9 Ankylosing spondylitis of unspecified sites in spine

Other Dx/ICD10: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____

Signature: _____

NPI: _____ Date: _____

Phone: _____ Fax: _____

Office Address: _____

Contact Person: _____

Contact Email: _____

Center will use Hypersensitivity protocol established by Infusion for Health and P.I.

CIMZIA DOSAGE

Date of Last Treatment, if Continuation: _____

LOADING

Route: SQ

400 mg subcutaneous injection

Administer at week 0, 2, 4

MAINTENANCE

Route: SQ

400 mg SQ every 4 weeks
(Crohn's disease; other: _____)

200 mg SQ every other week
(Other dx: _____)

To ensure that a brand name product be dispensed, the prescriber must handwrite "Brand Medically Necessary" on prescription form. If not indicated, Infusion for Health is authorized to administer generic or biosimilar.

Lab Orders: List: _____

Prior to first appointment Other Frequency: _____

Please check this box if you **DO NOT** authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

Please check this box if you **DO NOT** authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.