



(certolizumab pegol)

# CIMZIA infusion orders

Patient Name

DOB

Phone

M

F

**DIAGNOSIS** *Please provide ICD-10 code*

Rheumatoid Arthritis

Psoriatic Arthritis

Crohn's Disease

Ankylosing Spondylitis

*(other)*

### PRE-MEDICATION

Tylenol 1000mg PO

Solu-Medrol 125mg IVP

Diphenhydramine 25mg PO

Solu-Cortef 100mg IVP

Cetirizine 10mg PO

Diphenhydramine 25mg IVP

*(other)*

*(other)*

### CIMZIA ORDERS

**DOSAGE/FREQUENCY**

400mg SQ initially and at weeks 2 and 4 *(induction)*

200mg SQ every 2 weeks *(maintenance)*

400mg SQ every 4 weeks

**PATIENT WEIGHT**

lbs.

kg

**TB TESTING**

Perform Quantiferon Gold (QFT Gold)

Perform PPD Skin Test

### NOTES

### ORDERING PROVIDER

Signature X \_\_\_\_\_ Date

Provider

Phone

Fax