

Cimzia (certolizumab pegol)

Provider Order Form rev. 5/20/2022



www.aleracare.com
ph: 888-209-8874 fax: 833-329-4738

PATIENT INFORMATION

Patient Name:		DOB:		
Patient Phone:		Patient Email:		
NKDA	Allergies:	Weight lbs/kg:	Height:	
Patient Status:	New to Therapy	Continuing Therapy	Therapy Change	Next Due Date (if applicable):

PROVIDER INFORMATION

Referral Coordinator Name:		Referral Coordinator Email:	
Ordering Provider:		Provider NPI:	
Referring Practice Name:		Phone:	Fax:
Practice Address:		City:	State: Zip Code:

DOCUMENTATION (REQUIRED)

Labs	Insurance Card (front and back)	Current Medications	History/Progress Notes
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ICD-10 CODE

- K50.90 Crohn's Disease
- M06.9 Rheumatoid arthritis
- M45.9 Ankylosing Spondylitis
- L40.50 Psoriatic Arthritis
- L40.0 Plaque Psoriasis
- M45.A0 Non-radiographic Axial Spondyloarthritis, unspecified sites
- Other: _____

PRE-MEDICATION ORDERS

- acetaminophen (Tylenol) 500mg 650mg 1000mg PO
- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- diphenhydramine (Benadryl) 25mg 50mg / PO IV IV
- methylprednisolone (Solu-Medrol) 40mg IV 125mg IV
- hydrocortisone (Solu-Cortef) 100mg IV
- Other: _____

Dose: _____ Route: _____ Frequency: _____

MEDICATION ORDER

Cimzia (certolizumab pegol)

Initiation Therapy (also select maintenance therapy order)
400mg SC (given as 2 SC injections of 200mg each)
at week 0, 2 and 4

Other: _____

Maintenance Therapy:

200mg SC every other week

400mg SC every 4 weeks

400mg SC every other week

Other: _____

Order Expiration Date (mm/dd/yy): _____
(If not indicated order will expire one year from date signature)

SPECIAL INSTRUCTIONS

Provider Name (Print)

Provider Signature

Date

Check here if this is a stat order