

(certolizumab pegol)
CIMZIA infusion orders



Patient Name

DOB

Phone

M

F

DIAGNOSIS *Please provide ICD-10 code*

Rheumatoid Arthritis

Psoriatic Arthritis

Crohn's Disease

(other)

Ankylosing Spondylitis

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