

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____ Sex: M F Ht: _____ Wt: _____ lbs kg

Primary Language: _____ Allergies: _____

Patient Preferred Location: _____

<ICD 10 CODE REQUIRED> DIAGNOSIS & CLINICAL INFORMATION

ICD 10 Code (PROVIDE COMPLETE CODE)

K50.0 _____ Crohn's Disease, Small Intestine	L40.0 Psoriasis Vulgaris (Plaque Psoriasis)	M05.0 _____ Felty's Syndrome
K50.1 _____ Crohn's Disease, Large Intestine	L40.50 Arthropathic Psoriasis	M05. _____ Rheumatoid Arthritis, w/Rheumatoid Factor
K50.8 _____ Crohn's Disease, Small & Large Intestine	L40.52 Psoriatic Arthritis	M06. _____ Rheumatoid Arthritis, w/o Rheumatoid Factor
K50.9 _____ Crohn's Disease, Unspecified	L40.59 Other Psoriatic Arthropathy	M45. _____ Ankylosing Spondylitis
	L40.9 Psoriasis, Unspecified	

REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.
LAB RESULTS: Include Negative Hepatitis B within 3 years & Negative TB within 12 months.

PRESCRIPTION

CIMZIA (certolizumab pegol)

Loading Dose

SubQ: Inject 400 mg at weeks 0, 2, and 4

Maintenance Dose (SELECT ONE)

SubQ: Inject 200 mg every 2 weeks for one year

SubQ: Inject 400 mg every 4 weeks for one year

Lab Orders+

Required: Negative TB, annually

+ Medix Infusion will draw maintenance labs unless otherwise directed by Referring Provider

Is the patient on any other disease modifying therapy? Yes No
 If yes, please note therapy and last dose: _____

Post Treatment Observations: The patient is observed for 30 minutes following the first administration.

Adverse Events: In the event of an adverse reaction occurring at a Medix Infusion suite, utilize the Medix Infusion adverse reactions protocol.

Comments:

PRESCRIBER INFORMATION

Prescriber Name: _____ Signature: _____

Date: _____ NPI #: _____ Specialty: _____

Supervising Physician: _____ (If Applicable)

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Fax: _____ Email: _____