MONTGOMERY CANCER CENTER
A BAPTIST MEDICAL CENTER SOUTH FACILITY

MEDICATION ORDERS

CIMZIA (CERTOLIZUMAB)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS
❑ New Referral ❑ Dose or Frequency ❑ Change Order Renewal

INFUSION OFFICE PREFERENCE (Optional)
Preferred Location: ❑ Montgomery ❑ Prattville

DIAGNOSIS AND ICD 10 CODE	
❑ Active Ankylosing Spondylitis	ICD 10 Code: M45.9
❑ Active Axial Spondyloarthritis	ICD 10 Code: M47.9
❑ Active Psoriatic Arthritis	ICD 10 CODE: L40.52
❑ Moderate to Severe Plaque Psoriasis	ICD 10 CODE: L40.0
❑ Moderate to Severe Crohn's Disease	ICD 10 CODE: K50.90
❑ Other:_____	ICD 10 CODE: _____
❑ Moderate to Severe Rheumatoid Arthritis	ICD 10 CODE: M06.9
❑ Has the patient had failure or contraindication to at least 12 weeks of at least one Disease Modifying Antirheumatic Drug (DMARD)? ❑ YES ❑ NO	

REQUIRED DOCUMENTATION/TESTING	
❑ This signed order form by the provider	❑ Clinical/Progress notes
❑ Patient demographics AND insurance information	❑ Labs and Tests supporting primary diagnosis
❑ Hepatitis B Test Results: HBsAg, Total HepB Core Antibody	❑ TB Test Results

List Tried & Failed Therapies, including duration of treatment:
1)

2)

MEDICATION ORDERS	
Dosing	❑ Cimzia 400mg subcutaneous injection week 0, 2, and 4 followed by Cimzia 400mg subcutaneous injection every 4 weeks ❑ Cimzia 400mg subcutaneous injection week 0, 2, and 4 followed by Cimzia 200mg subcutaneous injection every 2 weeks

Refills: ❑ x 6 months ❑ x 1 year ❑ _____ doses

- New orders and progress notes required at least once yearly. A medication substitution may be required based on insurance payer policy due to preferred versus non-preferred medications or based on payer step therapy guidelines.
- Please note: if an infusion reaction occurs, the Montgomery Cancer Center provider will order appropriate rescue medications as deemed medically necessary. This may also include pausing, reducing the rate of infusion or discontinuing the medication.

PROVIDER INFORMATION			
Office Contact Name:			
Prescribing Providers Name:		Provider NPI:	
Office Address:	City:	State:	Zip:
Office Phone Number:	Office Fax Number:		
Physician Signature:	Date:		

Contact us with questions at: Montgomery (334) 273-7000 or Prattville (334) 351-1000
Fax completed form and all documentation to Montgomery (334) 260-2011 or Prattville (334) 358-1207