

CIMZIA (Certolizumab Pegol) ORDER FORM

REFERRAL TYPE

- New Referral
 Order Renewal
 Restart
 Frequency Change
 Dosage Change

PREFERRED LOCATION

- | | | |
|--|--|---|
| <input type="checkbox"/> 2730 University Blvd. West Suite 714
Wheaton, MD 20902 | <input type="checkbox"/> 14995 Shady Grove Road Suite 250
Rockville, MD 20850 | <input type="checkbox"/> 5454 Wisconsin Avenue Suite 600
Chevy Chase, MD 20815 |
| <input type="checkbox"/> 18111 Prince Philip Drive Suite 323
Olney, MD 20832 | <input type="checkbox"/> 71 Thomas Johnson Drive
Frederick, MD 21702 | <input type="checkbox"/> 2021 K Street, NW Suite 300
Washington, DC 20006 |

PATIENT INFORMATION

Name:	DOB:	Email:
Address:	Weight: KG LBS	Phone:

REFERRING PHYSICIAN INFORMATION

Name:	NPI:	
Office Contact Name:	Phone:	Fax:
Address:		

CIMZIA ORDER

Dosing/Frequency:

Initial/Reload: _____mg injection at 0, 2 and 4 weeks then a maintenance dose of _____mg every _____weeks
 Maintenance: _____mg injection every _____weeks

Diagnosis:

K50.00—Crohn's disease of small intestine w/o complications
 K50.10—Crohn's disease of large intestine w/o complications
 L40.53—Psoriatic spondylitis
 L40.51—Distal interphalangeal psoriatic arthropathy
 M05.79—Rheumatoid arthritis with rheumatoid factor of multiple sites w/o organ or systems involvement
 M05.89—Other rheumatoid arthritis with rheumatoid factor of multiple sites
 M06.09—Rheumatoid arthritis w/o rheumatoid factor, multiple sites
 M06.89—Other specified rheumatoid arthritis, multiple sites

Other Diagnosis: _____ ICD-10 Code (Required): _____

Special Instructions:

Physicians Signature: _____ Date: _____ *(Order is Valid for One Year)*

REQUIRED DOCUMENTATION

- Please fax the following documents and records:**
- Patient Demographics
 - Two most recent office notes (Supporting the DX and treatment ordered)
 - Most recent labs that include values for:
 - HBV Surface Antigen, CMP and CBC
 - TB screening (PPD, QFT Gold or TSpot)
 - Copy of the patient's insurance card(s) – front and back
 - Medication History
 - For continuation of treatment, include the last infusion note

We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.