

CIMZIA (Certolizumab Pegol) ORDER FORM

REFERRAL TYPE

New Referral
 Order Renewal
 Restart
 Frequency Change
 Dosage Change

PREFERRED LOCATION

2730 University Blvd. West | Suite 714
Wheaton, MD 20902

14995 Shady Grove Road | Suite 250
Rockville, MD 20850

5454 Wisconsin Avenue | Suite 600
Chevy Chase, MD 20815

18111 Prince Philip Drive | Suite 323
Olney, MD 20832

71 Thomas Johnson Drive
Frederick, MD 21702

2021 K Street, NW | Suite 300
Washington, DC 20006

3027 Javier Road | Suite 2
Fairfax, VA 22031

PATIENT INFORMATION

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

REFERRING PHYSICIAN INFORMATION

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

CIMZIA ORDER

We do not accept off-label diagnoses, dosages, or frequencies.

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
 M45.0—Ankylosing spondylitis of multiple sites in spine
 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.