

### CIMZIA (Certolizumab Pegol) ORDER FORM

REFERRAL TYPE				
<input type="checkbox"/> New Referral	<input type="checkbox"/> Order Renewal	<input type="checkbox"/> Restart	<input type="checkbox"/> Frequency Change	<input type="checkbox"/> 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		
		<input type="checkbox"/> 8270 Willow Oaks Corporate Drive   Suite 150 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				
<i>We do not accept off-label diagnoses, dosages, or frequencies.</i>				
<b>Dosing/Frequency:</b>				
<input type="checkbox"/> Initial/Reload: _____ mg injection at 0, 2 and 4 weeks then a maintenance dose of _____ mg every _____ weeks				
<input type="checkbox"/> Maintenance: _____ mg injection every _____ weeks				
<b>Diagnosis:</b>				
<input type="checkbox"/> K50.00—Crohn's disease of small intestine w/o complications		<input type="checkbox"/> M45.0—Ankylosing spondylitis of multiple sites in spine		
<input type="checkbox"/> K50.10—Crohn's disease of large intestine w/o complications				
<input type="checkbox"/> L40.53—Psoriatic spondylitis				
<input type="checkbox"/> L40.51—Distal interphalangeal psoriatic arthropathy				
<input type="checkbox"/> M05.79—Rheumatoid arthritis with rheumatoid factor of multiple sites w/o organ or systems involvement				
<input type="checkbox"/> M05.89—Other rheumatoid arthritis with rheumatoid factor of multiple sites				
<input type="checkbox"/> M06.09—Rheumatoid arthritis w/o rheumatoid factor, multiple sites				
<input type="checkbox"/> M06.89—Other specified rheumatoid arthritis, multiple sites				
<input type="checkbox"/> Other Diagnosis:			ICD-10 Code (Required):	
Special Instructions:				
Physicians Signature:		Date: <span style="float: right;"><i>(Order is Valid for One Year)</i></span>		
REQUIRED DOCUMENTATION				
<b>Please fax the following documents and records:</b>				
<ul style="list-style-type: none"> <li>● Patient Demographics</li> <li>● Two most recent office notes (Supporting the DX and treatment ordered)</li> <li>● Most recent labs that include values for:               <ul style="list-style-type: none"> <li>● HBV Surface Antigen, CMP and CBC</li> <li>● TB screening (PPD, QFT Gold or TSpot)</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>● Copy of the patient's insurance card(s) – front and back</li> <li>● Medication History</li> <li>● For continuation of treatment, include the last infusion note</li> </ul>		
<b><i>We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.</i></b>				