



Infusion Center

Kennebunk · Portsmouth · Scarborough · Topsham

Phone: 207-303-3225 Fax:207-692-2473

Cimzia (Certolizumab) Order Form – J0717

Patient Name: _____	DOB: _____
Diagnosis: _____	Diagnosis Code: _____
Height: _____(cm)	Actual Weight: _____(kg)
Allergies: _____	

Ankylosing spondylitis: SubQ: Initial: 400 mg, repeat dose 2 and 4 weeks after initial dose; Maintenance: 200 mg every 2 weeks or 400 mg every 4 weeks. ***Please check all doses that apply***

Dose 400mg: Initial, Day 15, Day 29

Maintenance: 200mg q 2weeks or 400mg q 4weeks.

Orders valid through ___ / ___ / ___

Crohns disease: SubQ: Initial: 400 mg, repeat dose 2 and 4 weeks after initial dose; Maintenance: 400 mg every 4 weeks.

Please check all doses that apply

Dose 400mg: Initial, Day 15, Day 29

Maintenance: 400mg q 4 weeks.

Orders valid through ___ / ___ / ___

Plaque psoriasis: SubQ: 400 mg every other week. Note: For patients ≤90 kg, an initial dose of 400 mg at weeks 0, 2, and 4 followed by 200 mg every other week thereafter may be considered. ***Please check all doses that apply***

Dose 400mg: Every other week

Orders valid through ___ / ___ / ___

Dose 400mg for patients ≤90 kg: Initial, Day 15, Day 29

Dose 200mg for patients ≤90 kg: Every other week.

Orders valid through ___ / ___ / ___

Psoriatic arthritis: SubQ: Initial: 400 mg, repeat dose 2 and 4 weeks after initial dose; Maintenance: 200 mg every other week. May consider maintenance dose of 400 mg every 4 weeks. ***Please check all doses that apply***

Dose 400mg: Initial, Day 15, Day 29

Maintenance: 200mg every other week, 400mg q 4 weeks.

Orders valid through ___ / ___ / ___

Rheumatoid arthritis: SubQ: Initial: 400 mg, repeat dose 2 and 4 weeks after initial dose; Maintenance: 200 mg every other week. May consider maintenance dose of 400 mg every 4 weeks. ***Please check all doses that apply***

Dose 400mg: Initial, Day 15, Day 29

Maintenance: 200mg every other week, 400mg q 4 weeks.

Orders valid through ___ / ___ / ___

Required Labs: TB screening, CBC w/differential prior to and during therapy and HBV screening

* In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name: _____	Date: _____
Provider Signature: _____	
Phone: _____	Fax: _____
Pager: _____	