NEW ENGLAND
Cancer Specialists

Infusion Center

Cimzia (Certolizumab) Order Form—J0717

Patient Name | Middle | Last | DOB

Diagnosis | Diagnosis Code

Height (cm) | Actual Weight (kg) | Allergies

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

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 2 weeks ◯ 400mg w 4 weeks

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 w 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 ≤90kg: ◯ Initial ◯ Day 15 ◯ Day 29

Dose 200mg for patients ≤90kg: ◯ 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 w 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 w 4 weeks Orders valid through: ___________

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 | Provider Signature

Date | Phone | Fax | Pager