



Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
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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: _____

Crohn's 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 ≤ 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 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