Email: intake@infuseone.com | Phone: 1-800-581-0645 | Please refer to website www.infuseone.com for location specific fax numbers

(certolizumab pegol)

CIMZIA infusion orders

Phone

DOB

Μ

DIAGNOSIS Please provide ICD-10 code

Rheumatoid Arthritis Crohn's Disease Ankylosing Spondylitis Psoriatic Arthritis

(other)

(other)

F

## **PRE-MEDICATION**

Tylenol 1000mg PO Diphenhydramine 25mg PO Cetirizine 10mg PO

Solu-Medrol 125mg IVP Solu-Cortef 100mg IVP Diphenhydramine 25mg IVP

(other)

**CIMZIA ORDERS** 

DOSAGE/FREQUENCY 400mg SQ initially and at weeks 2 and 4 (induction) 200mg SQ every 2 weeks 400mg SQ every 4 weeks	<b>PATIENT WEIGHT</b> lbs. kg
<b>TB TESTING</b> Perform Quantiferon Gold (QFT Gold) Perform PPD Skin Test	

NOTES

## **ORDERING PROVIDER**

Signature X

Provider

Phone

Fax

Date

