CURBSIDE INFUSION SERVICES

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# CIMZIA (certolizumab pegol) infusion orders

Patient Name _____ DOB _____

Phone _____ M ○ F ◉

## DIAGNOSIS *Please provide ICD-10 code*

- ☐ _____ Rheumatoid Arthritis
- ☐ _____ Crohn's Disease
- ☐ _____ Ankylosing Spondylitis
- ☐ Psoriatic Arthritis
- ☐ _____ _____ *(other)*

## PRE-MEDICATION

- ☐ Tylenol 1000mg PO
- ☐ Diphenhydramine 25mg PO
- ☐ Cetirizine 10mg PO
- ☐ Quzyttir 10mg IVSP over 1-2 min
- ☐ 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 *(maintenance)*
◉ 400mg SQ every 4 weeks

### PATIENT WEIGHT

____lbs.
____kg

### TB TESTING

☐ Perform Quantiferon Gold (QFT Gold)
☐ Perform PPD Skin Test

## NOTES

## ORDERING PROVIDER

Signature **X** _____ Date

Provider _____ Phone _____ Fax _____

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