BioPlus® Infusion

Fax your completed order to 877-734-1157

Patient Name: _____ DOB: ___/___/_____ Date of Last Infusion: ___/___/_____ Height _____ Weight _____

Infusion Location: (state and site) _____

Cimzia® (certolizumab pegol) Treatment Orders

Diagnosis:	
☐ M05.79 RA w/rheumatoid factor, multiple sites ☐ M05.60 Rheumatoid arthritis of unspecified site with involvement of organs and systems	☐ M06.09 RA w/o rheumatoid factor, multiple sites ☐ M05.70 Rheumatoid arthritis with rheumatoid factor of unspec site w/o organ or systems involvement
☐ L40.50 Arthropathic psoriasis, unspecified	☐ L40.59 Other psoriatic arthropathy
☐ M45.9 Ankylosing spondylitis of unspec sites in spine	☐ M45.0 - Ankylosing spondylitis of multiple sites in spine
☐ L40.0 psoriatic vulgaris (plaque psoriasis) ☐ L40.8 other psoriasis ☐ L40.9 psoriasis, unspecified	
Other: _____ (ICD-10 and description)	

Nursing Orders: Hold treatment and notify provider for:

- Signs or symptoms of illness/active infection or cough, night sweats, weight loss or neurological changes
- HBV positive carrier (contraindicated) or signs or symptoms of HBV
- Planned/recent surgical procedures or recent live vaccinations

Lab Orders:

☐ CBC w/diff, CMP, ESR, CRP every 8 weeks
☐ Quantiferon TB Gold once per year; target collection date: _____
☐ Other: _____

☐ **Initial Dosing:**
On week 0, week 2 and week 4 give Cimzia 400mg (2 sub-q 200mg injections)

☐ **Maintenace Dosing:**
☐ Cimzia 200mg
☐ Cimzia 400mg

Frequency:
☐ Repeat every 2 weeks
☐ Repeat every 4 weeks

Observation Period:

-Following *initial* Cimzia treatment, observe patient for 15 minutes for hypersensitivity

-If hypersensitivity reaction occurs, initiate Hypersensitivity Reaction Management Policy/Protocol as clinically indicated

Provider Name (print) _____ Date: _____

Provider Signature: _____ Time: _____

Reviewed 6/29/2022. Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.