Prestige Infusions
116 Boonton Avenue
Kinnelon NJ 07405
Phone : 973-850-6843
Fax : 973-860-4530
www.prestigeinfusion.com

Affiliation: Apex HealthRX · METRODRUGS Rx · OAKHILLSPRX SPECIALTY PHARMACY · GoldenHealthCare Specialty Pharmacy

CIMZIA
(certolizumab pegol)

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
- ☐ _____ *(other)*
- ☐ 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 _____