

**Cimzia Injection Order** (Revised 4/3/21)

**Instructions to Provider:** All orders with  will be placed unless otherwise noted. Please fax completed order, along with referral form.

**Required Lab Results:** Prior to first infusion Hep B Profile and PPD/Quantiferon Gold (If outside of Atrium, please fax with order, required prior to scheduling)

**Injection Therapy:**

Cimzia (certolizumab pegol) **400mg** subcutaneous at weeks 0, 2, and 4, then followed by:

Cimzia (certolizumab pegol) **200mg** subcutaneous every two weeks

-or-

Cimzia (certolizumab pegol) **400mg** subcutaneous every 4 weeks

**ICD 10 code:** \_\_\_\_\_

**Additional Orders:**

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**Special Instructions:**

- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.

**Injection Monitoring:**

- Obtain vital signs pre-injection and obtain post-injection PRN.
- Monitor for signs of reaction for 30 mins after completion of injection.
- Monitor patient for new onset or worsening congestive heart failure symptoms.
- Do not administer if a patient has a temperature greater than 100°F, complains of symptoms of acute viral or bacterial illness, or if patient is taking antibiotics for current infection

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (Order valid for 1 year)

Patient Name:

DOB:

MRN: