

Patient Information

Name: _____ DOB: _____
Address: _____ Phone Number: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Weight: _____ ☐ lbs ☐ kgs
Allergies: ☐ NKDA ☐ _____

Required Documentation Insurance Card | History & Physical | Patient Demographics | Most Recent Labs | Medication List
Tried and Failed Therapies (including duration) | Negative TB Results | Negative Hep B Panel

Primary Diagnosis

- | | |
|--|---|
| <input type="checkbox"/> K50.90 Crohn's disease, unspecified, without complications | <input type="checkbox"/> M05.9 Rheumatoid arthritis with rheumatoid factor, unspecified |
| <input type="checkbox"/> L40.0 Psoriasis vulgaris | <input type="checkbox"/> M06.00 Rheumatoid arthritis without rheumatoid factor, unsp site |
| <input type="checkbox"/> L40.50 Arthropathic psoriasis, unspecified | <input type="checkbox"/> M06.89 Other specified rheumatoid arthritis, multiple sites |
| <input type="checkbox"/> M05.79 Rheumatoid arthritis with rheumatoid factor, w/o org/sys involvement | <input type="checkbox"/> M06.9 Rheumatoid arthritis, unspecified |
| | <input type="checkbox"/> Other: _____ |

Order Information

Lab Orders (Include frequency)

Please list any labs to be drawn by the infusion clinic: _____

Pre-Medications

- ☒ Per infusion clinic protocol: No recommended standard pre-meds for Cimzia
☐ Provider Prescribed: _____

Primary Medication Order

Crohn's Disease

- ☐ Cimzia 400mg subQ injection at Week 0, 2, 4, and every 4 weeks thereafter

Rheumatoid Arthritis

- ☐ Cimzia 400mg subQ injection at Week 0, 2, 4, and then 200mg subQ injection every other week thereafter

Psoriatic Arthritis

- ☐ Cimzia 400mg subQ injection at Week 0, 2, 4, and then 200mg subQ injection every other week thereafter

☐ Other: _____

First Dose: ☐ Yes ☐ No ☒ Refill x12 months unless otherwise noted: _____

Ankylosing Spondylitis

- ☐ Cimzia 400mg subQ injection at Week 0, 2, 4, and then 200mg subQ injection every other week thereafter

Non-radiographic Axial Spondyloarthritis

- ☐ Cimzia 400mg subQ injection at Week 0, 2, 4, and then 200mg subQ injection every other week thereafter

Plaque Psoriasis

- ☐ Cimzia 400mg subQ injection every other week

Line Use/Care Orders

- ☒ Start PIV/ACCESS CVC ☒ Flush device per BluHaven Health's protocol (see BluHaven.com for policy)
☐ Other Flush Orders: Please fax other line care orders if checking this box.

Adverse Reaction & Anaphylaxis Orders

- ☒ Administer acute infusion reaction and anaphylaxis medications per BluHaven Health's protocol (see BluHaven.com for policy)
☐ Other: Please fax other reaction orders if checking this box.

Provider Information

Name: _____ Office Contact: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
Email: _____ NPI: _____

I authorize BluHaven Health and its representatives to act as an agent to initiate and execute the insurance prior authorization process for this order and any future related orders for the patient listed above.

Provider Signature

Date