Cimzia Injection Orders

Patient Name: _____ DOB: _____ ☐ Male ☐ Female

Diagnosis (please provide ICD10 code) _____

☐ New Start Therapy ☐ Continuation of Therapy Date of last dose (if applicable): _____

☐ NKDA Allergies: _____

Ordering Provider: _____

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

PRE-MEDICATION

☐ Acetaminophen1000mg PO ☐ Solu-Medrol 125mg IVP

☐ Diphenhydramine25mg PO ☐ Solu-Cortef 100mg IVP

☐ Ceterizine 10mg PO ☐ Diphenhydramine 25mg IVP

REQUIRED TESTING/LABS

☑ Clinicals/Progress Notes, Labs, Tests supporting primary diagnosis attached

☑ TB quant gold and Hep B lab results

CIMZIA ORDERS

Induction

☐ 400mg SQ initially and at Weeks 2 and 4

Maintenance

☐ 200mg SQ every 2 weeks

☐ 400mg SQ every 4 weeks

Noble Infusion Standing Orders:

☑ Provide treatment under Noble Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

_____

Provider Name

_____ _____

Provider Signature   Date