VERMONT

CIMZIA® (certolizumab pegol) - Prior Authorization/Prescription/Patient Enrollment Form

Complete form in its entirety and fax to number listed below

1 PATIENT INFORMATION

Last Name	First Name	Middle Initial
Date of Birth	Sex M ☐ F ☐	Medicaid ID #

Allergies: ☐ NKA or _____

Street Address	City

State	County	Zip Code

Home Phone	Cell Phone

Parent/Guardian	Day Telephone	Night Telephone
Emergency Contact	Relationship	Telephone

2 PRESCRIBER INFORMATION

Prescriber's Name	NPI Number	DEA Number

Telephone Number	Fax Number	Hospital/Clinic Name

Street Address	City

State	County	Zip Code

Contact Person at Office	Prescriber Specialty

briovaRx

catamaran™ stay well ahead

Fax Completed Form to:

Fax Number: 800-218-3221

Phone Number: 866-843-3604

3 Department of Vermont Health Access
CIMZIA® (certolizumab pegol)
PRIOR AUTHORIZATION REQUEST

Patient Diagnosis:

☐ Rheumatoid Arthritis ☐ Crohn's Disease

If requesting prescriber is not a Rheumatologist or Gastroenterologist, has one of these specialties been consulted on this case? ☐ **Yes** ☐ **No**

Specialist name: _____ Specialist Type: _____

List previous medications/therapies tried and failed for this condition: (include oral/injectable)

Therapy (and dates)	Reason for discontinuation

Prescriber Additional Comments:

4 PRESCRIPTION

Dosage Form and Quantity:

☐ Cimzia 200 mg/1 ml prefilled syringe (kit) Dispense Quantity: 1 (2 syringes)

or

☐ Cimzia 200 mg lyophilized vial (kit)
(for Health Care Professional administration) Dispense Quantity: 1 (2 vials)

or

☐ Cimzia 200 mg/1 ml prefilled syringe (Starter kit-6) Dispense Quantity: 1 (6 syringes)
400 mg (given as two subcutaneous injections of 200 mg) initially, and at Weeks 2 and 4

Sig: Dose/Route/Frequency:

☐ As above or

☐ 400 mg (given as two subcutaneous injections of 200 mg) every four weeks (Crohn's or RA) or

☐ 200 mg (given as one subcutaneous injection) every two weeks (RA)

Refill X:_____

Deliver product to: ☐ Patient's home ☐ MD office ☐ Clinic

Prescriber's Signature: _____ **Date:** _____

Last Updated 10/2012