Benefits Verification & Prescription Form

cimplicity® Confidence in care. | cimzia® (certolizumab pegol)

Step 1: ADDITIONAL SERVICES

☐ Yes, I Would Like CIMplicity to Provide PA Support

☐ Yes, I Would Like CIMplicity to Triage to Payer Mandated Pharmacy

Step 2: PATIENT INFORMATION

Name (Last)	Name (First)	Gender ☐ M ☐ F	DOB / /
Street Address		City	
State	Zip	Email	
Mobile Phone #		Home Phone #	

I have agreed to the provided HIPAA Patient Authorization Form — **PATIENT SIGNATURE** *(Please Sign)* — Date / /

Step 3: INSURANCE INFORMATION

☐ Card(s) Attached				
	Primary Insurance	Member #		Phone
	Secondary Insurance	Member #		Phone
	Pharmacy Insurance	Member #	RX Bin #	Phone

Step 4: PATIENT HISTORY

☐ Methotrexate	☐ NSAIDs	☐ 6-MP	☐ Surgery	☐ Plaquenil	☐ Sulfasalazine	☐ Corticosteroids
☐ Soriatane	☐ Topical Steroids	☐ Azathioprine	☐ UVA/UVB	☐ Entocort	☐ 5-ASAs	

Previous Biologic and Oral Therapies *(Write Previous Biologics Below)*:

Step 5: RX AND CLINICAL INFORMATION

ICD-10:

Drug Allergies: ☐ NKDA

Step 6: PRESCRIBER INFORMATION

Prescriber Name (Last)	Prescriber Name (First)		
Specialty ☐ Rheumatology ☐ Gastroenterology	NPI #	Tax ID #	
Office Contact		Phone #	
Practice/Clinic Name		Fax #	
Street Address	City	State	Zip

Step 7: PRESCRIPTION INFORMATION

By filling out this form, practitioner acknowledges that formulation decisions are made based upon an independent clinical judgment and any information provided in response to this request is not intended to influence prescribing decision.

1. Formulation *(Select One)*	2. Loading Dose	3. Maintenance Dosing *(Select One)*	4. Nurse Training *(Optional)*
☐ **CIMZIA Pre-Filled Syringe**	*NDC: 50474-710-81* ☐ **Inject 400 mg SQ at 0, 2, and 4 weeks** *Dispense: 1 Kit (6 syringes)*	*NDC: 50474-710-79* ☐ **Inject 200 mg SQ every 2 weeks** — *Dispense: 1 Kit (2 Syringes)* — Refill _____ ☐ **Inject 400 mg SQ every 4 weeks** — *1 Kit (2 Syringes)* — Refill _____ ☐ **Inject 400 mg SQ every 2 weeks** — *2 Kits (4 Syringes)* — Refill _____	☐ Request to Send CIMplicity Nurse to Patient's HOME to Train on Self-Injection.
OR			
☐ **CIMZIA Lyophilized Powder for Reconstitution**	*NDC: 50474-700-62* ☐ **Inject 400 mg SQ at 0, 2, and 4 weeks** *Dispense: 3 Kits (6 Vials)*	*NDC: 50474-700-62* ☐ **Inject 200 mg SQ every 2 weeks** — *Dispense: 1 Kit (2 Vials)* — Refill _____ ☐ **Inject 400 mg SQ every 4 weeks** — *1 Kit (2 Vials)* — Refill _____ ☐ **Inject 400 mg SQ every 2 weeks** — *2 Kits (4 Vials)* — Refill _____	

My signature certifies that I am a licensed practitioner under state law, that the above therapy is medically necessary, and that the information provided is accurate to the best of my knowledge.

I appoint CIMplicity, on my behalf, to convey this prescription to the appropriate party — **PRESCRIBER SIGNATURE** *(Signature Required)* — Date / /

Please see Important Safety Information on reverse side, and refer to the full Prescribing Information provided by the UCB representative, and visit CIMZIAhcp.com.

For more information contact the CIMplicity service center:
Hours: 8am to 8pm ET, Monday-Friday

Fax: 1-866-949-2469
Phone: 1-866-424-6942

Important Safety Information

CONTRAINDICATIONS

CIMZIA is contraindicated in patients with a history of hypersensitivity reaction to certolizumab pegol or to any of the excipients. Reactions have included angioedema, anaphylaxis, serum sickness, and urticaria.

SERIOUS INFECTIONS

Patients treated with CIMZIA are at increased risk for developing serious infections that may lead to hospitalization or death. Most patients who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids.

Discontinue CIMZIA if a patient develops a serious infection or sepsis.

Reported infections include:

- **Active tuberculosis (TB), including reactivation of latent TB. Patients with TB have frequently presented with disseminated or extrapulmonary disease. Test patients for latent TB before CIMZIA use and during therapy. Initiate treatment for latent TB prior to CIMZIA use.**
- **Invasive fungal infections, including histoplasmosis, coccidioidomycosis, candidiasis, aspergillosis, blastomycosis, and pneumocystosis. Patients with histoplasmosis or other invasive fungal infections may present with disseminated, rather than localized, disease. Antigen and antibody testing for histoplasmosis may be negative in some patients with active infection. Consider empiric anti-fungal therapy in patients at risk for invasive fungal infections who develop severe systemic illness.**
- **Bacterial, viral, and other infections due to opportunistic pathogens, including Legionella and Listeria.**

Carefully consider the risks and benefits of treatment with CIMZIA prior to initiating therapy in the following patients: with chronic or recurrent infection; who have been exposed to TB; with a history of opportunistic infection; who resided in or traveled in regions where mycoses are endemic; with underlying conditions that may predispose them to infection. Monitor patients closely for the development of signs and symptoms of infection during and after treatment with CIMZIA, including the possible development of TB in patients who tested negative for latent TB infection prior to initiating therapy.

- Do not start CIMZIA during an active infection, including localized infections.
- Patients older than 65 years, patients with co-morbid conditions, and/or patients taking concomitant immunosuppressants may be at greater risk of infection.
- If an infection develops, monitor carefully and initiate appropriate therapy.

MALIGNANCY

Lymphoma and other malignancies, some fatal, have been reported in children and adolescent patients treated with TNF blockers, of which CIMZIA is a member. CIMZIA is not indicated for use in pediatric patients.

- Consider the risks and benefits of CIMZIA treatment prior to initiating or continuing therapy in a patient with known malignancy.
- In clinical trials, more cases of malignancies were observed among CIMZIA-treated patients compared to control patients.
- In CIMZIA clinical trials, there was an approximately 2-fold higher rate of lymphoma than expected in the general U.S. population. Patients with rheumatoid arthritis, particularly those with highly active disease, are at a higher risk of lymphoma than the general population.
- Malignancies, some fatal, have been reported among children, adolescents, and young adults being treated with TNF blockers. Approximately half of the cases were lymphoma, while the rest were other types of malignancies, including rare types associated with immunosuppression and malignancies not usually seen in this patient population.
- Postmarketing cases of hepatosplenic T-cell lymphoma (HSTCL), a rare type of T-cell lymphoma, have been reported in patients treated with TNF blockers, including CIMZIA. These cases have had a very aggressive disease course and have been fatal. The majority of reported TNF blocker cases have occurred in patients with Crohn's disease or ulcerative colitis, and the majority were in adolescent and young adult males. Almost all of these patients had received treatment with azathioprine or 6-mercaptopurine concomitantly with a TNF blocker at or prior to diagnosis. Carefully assess the risks and benefits of treating with CIMZIA in these patient types.
- Cases of acute and chronic leukemia were reported with TNF blocker use.

HEART FAILURE

- Worsening and new onset congestive heart failure (CHF) have been reported with TNF blockers. Exercise caution and monitor carefully.

HYPERSENSITIVITY

- Angioedema, anaphylaxis, dyspnea, hypotension, rash, serum sickness, and urticaria have been reported following CIMZIA administration. If a serious allergic reaction occurs, stop CIMZIA and institute appropriate therapy. The needle shield inside the removable cap of the CIMZIA prefilled syringe contains a derivative of natural rubber latex which may cause an allergic reaction in individuals sensitive to latex.

HEPATITIS B VIRUS REACTIVATION

- Use of TNF blockers, including CIMZIA, may increase the risk of reactivation of hepatitis B virus (HBV) in patients who are chronic carriers. Some cases have been fatal.
- Test patients for HBV infection before initiating treatment with CIMZIA.
- Exercise caution in patients who are carriers of HBV and monitor them before and during CIMZIA treatment.
- Discontinue CIMZIA and begin antiviral therapy in patients who develop HBV reactivation. Exercise caution when resuming CIMZIA after HBV treatment.

NEUROLOGIC REACTIONS

- TNF blockers, including CIMZIA, have been associated with rare cases of new onset or exacerbation of central nervous system and peripheral demyelinating diseases, including multiple sclerosis, seizure disorder, optic neuritis, peripheral neuropathy, and Guillain-Barré syndrome.

HEMATOLOGIC REACTIONS

- Rare reports of pancytopenia, including aplastic anemia, have been reported with TNF blockers. Medically significant cytopenia has been infrequently reported with CIMZIA.
- Consider stopping CIMZIA if significant hematologic abnormalities occur.

DRUG INTERACTIONS

- Do not use CIMZIA in combination with other biological DMARDS.

AUTOIMMUNITY

- Treatment with CIMZIA may result in the formation of autoantibodies and, rarely, in development of a lupus-like syndrome. Discontinue treatment if symptoms of a lupus-like syndrome develop.

IMMUNIZATIONS

- Patients on CIMZIA should not receive live or live-attenuated vaccines.

ADVERSE REACTIONS

- The most common adverse reactions in CIMZIA clinical trials (≥8%) were upper respiratory infections (18%), rash (9%), and urinary tract infections (8%).

HIPAA Patient Authorization Form

Patient Authorization to Use/Disclose Health Information

By signing on the CIMplicity Enrollment and Prescription Form, I hereby authorize each of my physicians, pharmacists (including any specialty pharmacy that receives my prescription for CIMZIA® [certolizumab pegol]), and other healthcare providers (together, "Providers") and each of my health insurers (together, "Insurers") to disclose my protected health information related to my medical condition and treatment (including prescription information), my health insurance coverage and policy number, my name, mailing and email addresses, telephone number, date of birth and Social Security Number (together, "Protected Health Information"), to UCB, Inc. and its agents and representatives (together, "UCB"), so that UCB may: (i) enroll me in, and contact me about, CIMZIA support programs and/or related market research; (ii) provide me with educational materials, information, and services related to CIMZIA; (iii) verify, investigate, assist with, and coordinate my coverage for CIMZIA with my Insurers and Providers; (iv) conduct market analyses or other commercial activity, including aggregating my Protected Health Information with other data for such analyses; (v) assist with analysis related to quality, efficacy, and safety for CIMZIA; (vi) de-identify my Protected Health Information for use for any purpose under applicable law; (vii) send marketing communications to me; and (viii) use and disclose my Protected Health Information as required or permitted by law.

I understand that once my Protected Health Information has been disclosed to UCB, federal privacy laws may no longer protect the information and that my Protected Health Information may be subject to re-disclosure. I understand that one or more Provider and/or Insurer may receive payment from UCB for disclosing my Protected Health Information for some or all of the purposes listed above.

I understand that UCB or its business partners will not sell my name, address, e-mail address, or any other information to another party for their own marketing use.

I understand that I am not required to agree to this Patient Authorization to Use/Disclose Health Information Authorization. If I do not agree, my treatment (including the receipt of CIMZIA), payment for treatment, insurance enrollment, or eligibility for insurance benefits will not be affected, but I may not receive the other services described above and on this website.

I understand that I may cancel (revoke) this Authorization at any time by visiting https://www.cimzia.com/unsubscribe. UCB shall provide timely notification of my cancellation (revocation) to my Providers and Insurers. Once my Providers and Insurers receive and process the notice of cancellation (revocation) of this Authorization, my Providers and Insurers may no longer make disclosures of my Protected Health Information to UCB as permitted by this Authorization. However, canceling this Authorization will not affect any action(s) taken by my Providers or Insurers based on this Authorization before receipt of my notice of cancellation. This authorization expires on December 31, 2030, or such earlier date as required by applicable law unless I cancel it beforehand. I understand that I have the right to receive a copy of this Authorization.

Communication Terms

I agree to be contacted by UCB and its agents and representatives by mail, e-mail, telephone calls, and text messages at the number(s) and address(es) provided for all of the purposes described in this authorization. I understand that my wireless service provider's message and data rates may apply.

Please refer to the Medication Guide provided to you and discuss it with your doctor, or visit www.CIMZIA.com.

For more information, contact the CIMplicity® service center

Hours: 8:00 AM to 8:00 PM ET, Monday through Friday

Fax: 1-866-949-2469

Phone: 1-866-4CIMZIA (1-866-424-6942)

Website: www.cimzia.com