Enrollment and Benefits Verification Form

Fax Completed Form to 1-866-949-2469

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

PATIENT INFORMATION

Patient Name (Last, First, M.I.)	Gender ☐ M ☐ F	DOB / /
Email	Preferred Phone # ( ) –	Mobile Phone # ( ) –
Street Address (No PO Boxes)	City	State	Zip
I have read and agree to the included HIPAA Patient Authorization form. Patient SIGN HERE	Patient Signature Required	Date / /

PATIENT HISTORY

☐ 5-ASA ☐ Immunosuppressants ☐ Corticosteroids ☐ Methotrexate ☐ Surgery ☐ Other

INCLUDE DATE OF LAST DOSE – MM/YY

☐ Remicade® /	☐ Enbrel® /	☐ Humira® /	☐ Orencia® /	☐ Simponi® /
☐ Actemra® /	☐ CIMZIA® /	☐ Other /		

INSURANCE INFORMATION

☐ Cards Attached ☐ No Insurance

Primary Insurance Coverage		Secondary or Pharmacy Insurance Coverage	
Member #	Group #	Policy #	Group #
Policy Holder (PH) Name		Policy Holder (PH) Name	
Phone # ( ) –	DOB / /	Phone # ( ) –	DOB / /

PRESCRIBER INFORMATION

Physician Name (Last, First)			Specialty	
Practice/Clinic Name			Phone # ( ) –	
Street Address			Fax # ( ) –	
City			State	Zip
Office Contact	Office Contact Email		Office Contact Phone # ( ) –	
NPI #	Tax Id #	Medicare PTan #	State License #	DEA #

RX AND CLINICAL INFORMATION

ICD-10-CM

Date of Diagnosis / /	Last TB Test / /	Drug Allergies ☐ NKDA

PRESCRIPTION INFORMATION (SELECT ONE FORMULATION OPTION ONLY)

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.

☐ CIMZIA Prefilled Syringe

Initial Loading Dose

☐ One CIMZIA Prefilled Syringe Starter Kit: Inject 2 syringes (200 mg each) SC at weeks 0, 2, and 4

☐ Pharmacy Benefit Verification
☐ Specialty Pharmacy Triage
☐ PA Assistance

Maintenance Dosing (Select Appropriate Schedule)
One CIMZIA Prefilled Syringe Kit

☐ Inject 1 syringe (200 mg each) SC every 2 weeks Refill: _____
OR
☐ Inject 2 syringes (200 mg each) SC every 4 weeks Refill: _____
☐ Order a CIMplicity Nurse to train Patient on Self-Injection at their home (recommended for new patients)

☐ CIMZIA Lyophilized Powder for Reconstitution

Initial Loading Dose

☐ Three CIMZIA Lyophilized Kits Initial dose of 400 mg SC at weeks 0, 2, and 4)

☐ Medical Benefit Verification
☐ Pharmacy Benefit Verification
☐ Specialty Pharmacy Triage
☐ PA Assistance

Maintenance Dosing (Select Appropriate Schedule)
One CIMZIA Lyophilized Kit

☐ 200 mg SC every 2 weeks Refill: _____
OR
☐ 400 mg SC every 4 weeks Refill: _____
☐ Order a CIMplicity Nurse to administer CIMZIA Lyophilized Powder for the Patient

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 Physician SIGN HERE	Prescriber Signature Required (no stamps)	Date / /

☐ Yes, I want feedback about my patients who receive CIMplicity Nurse Support

Please see the accompanying Important Safety Information. Please refer to the full Prescribing Information provided by the UCB representative, and visit CIMZIAhcp.com. USP-CZ0218-0054a

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

Important Safety Information

Risk of Serious Infections and Malignancy

Patients treated with CIMZIA are at an 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. CIMZIA should be discontinued if a patient develops a serious infection or sepsis. Reported infections include:

- **Active tuberculosis, including reactivation of latent tuberculosis. Patients with tuberculosis have frequently presented with disseminated or extrapulmonary disease. Patients should be tested for latent tuberculosis before CIMZIA use and during therapy. Treatment for latent infection should be initiated 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. Empiric anti-fungal therapy should be considered 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.**

The risks and benefits of treatment with CIMZIA should be carefully considered prior to initiating therapy in patients with chronic or recurrent infection. Patients should be closely monitored for the development of signs and symptoms of infection during and after treatment with CIMZIA, including the possible development of tuberculosis in patients who tested negative for latent tuberculosis infection prior to initiating therapy.

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.

Patients treated with CIMZIA are at an increased risk for developing serious infections involving various organ systems and sites that may lead to hospitalization or death. Opportunistic infections due to bacterial, mycobacterial, invasive fungal, viral, parasitic, or other opportunistic pathogens including aspergillosis, blastomycosis, candidiasis, coccidioidomycosis, histoplasmosis, legionellosis, listeriosis, pneumocystosis and tuberculosis have been reported with TNF blockers. Patients have frequently presented with disseminated rather than localized disease.

Treatment with CIMZIA should not be initiated in patients with an active infection, including clinically important localized infections. CIMZIA should be discontinued if a patient develops a serious infection or sepsis. Patients greater than 65 years of age, patients with co-morbid conditions, and/or patients taking concomitant immunosuppressants (e.g., corticosteroids or methotrexate) may be at a greater risk of infection. Patients who develop a new infection during treatment with CIMZIA should be closely monitored, undergo a prompt and complete diagnostic workup appropriate for immunocompromised patients, and appropriate antimicrobial therapy should be initiated. Appropriate empiric antifungal therapy should also be considered while a diagnostic workup is performed for patients who develop a serious systemic illness and reside or travel in regions where mycoses are endemic.

Malignancies

During controlled and open-labeled portions of CIMZIA studies of Crohn's disease and other diseases, malignancies (excluding non-melanoma skin cancer) were observed at a rate of 0.5 per 100 patient-years among 4,650 CIMZIA-treated patients versus a rate of 0.6 per 100 patient-years among 1,319 placebo-treated patients. In studies of CIMZIA for Crohn's disease and other investigational uses, there was one case of lymphoma among 2,657 CIMZIA-treated patients and one case of Hodgkin lymphoma among 1,319 placebo-treated patients. In CIMZIA RA clinical trials (placebo-controlled and open label), a total of three cases of lymphoma were observed among 2,367 patients. This is approximately 2-fold higher than expected in the general population. Patients with RA, particularly those with highly active disease, are at a higher risk for the development of lymphoma. The potential role of TNF blocker therapy in the development of malignancies is not known.

Malignancies, some fatal, have been reported among children, adolescents, and young adults who received treatment with TNF-blocking agents (initiation of therapy ≤18 years of age), of which CIMZIA is a member. Approximately half of the cases were lymphoma (including Hodgkin's and non-Hodgkin's lymphoma), while the other cases represented a variety of different malignancies and included rare malignancies associated with immunosuppression and malignancies not usually observed in children and adolescents. Most of the patients were receiving concomitant immunosuppressants.

Cases of acute and chronic leukemia have been reported with TNF-blocker use. Even in the absence of TNFblocker therapy, patients with RA may be at a higher risk (approximately 2-fold) than the general population for developing leukemia.

Postmarketing cases of hepatosplenic T-cell lymphoma (HSTCL), a rare type of T-cell lymphoma that has a very aggressive disease course and is usually fatal, have been reported in patients treated with TNF blockers, including CIMZIA. The majority of reported TNF blocker cases occurred in adolescent and young adult males with Crohn's disease or ulcerative colitis. Almost all of these patients had received treatment with the immunosuppressants azathioprine and/or 6-mercaptopurine (6-MP) concomitantly with a TNF blocker at or prior to diagnosis. Carefully assess the risks and benefits of treatment with CIMZIA, especially in these patient types.

Melanoma and Merkel cell carcinoma have been reported in patients treated with TNF-antagonists, including CIMZIA. Periodic skin examinations are recommended for all patients, particularly those with risk factors for skin cancer.

Hypersensitivity

Symptoms compatible with hypersensitivity reactions, including angioedema, dyspnea, hypotension, rash, serum sickness, and urticaria, have been reported rarely following CIMZIA administration. Some of these reactions occurred after the first administration of CIMZIA. If such reactions occur, discontinue further administration of CIMZIA and institute appropriate therapy.

Hepatitis B Reactivation

Use of TNF blockers, including CIMZIA, has been associated with reactivation of hepatitis B virus (HBV) in patients who are chronic carriers of this virus. Some cases have been fatal. Test patients for HBV infection before initiating treatment with CIMZIA. Exercise caution in prescribing CIMZIA for patients identified as carriers of HBV, with careful evaluation and monitoring prior to and during treatment. In patients who develop HBV reactivation, discontinue CIMZIA and initiate effective anti-viral therapy with appropriate supportive treatment.

Neurologic Reactions

Use of TNF blockers, including CIMZIA, has been associated with rare cases of new onset or exacerbation of clinical symptoms and/or radiographic evidence of central nervous system demyelinating disease, including multiple sclerosis, and with peripheral demyelinating disease, including Guillain-Barré syndrome. Rare cases of neurological disorders, including seizure disorder, optic neuritis, and peripheral neuropathy have been reported in patients treated with CIMZIA. Exercise caution in considering the use of CIMZIA in patients with these disorders.

Hematologic Reactions

Rare reports of pancytopenia, including aplastic anemia, have been reported with TNF blockers. Medically significant cytopenia (e.g., leukopenia, pancytopenia, thrombocytopenia) has been infrequently reported with CIMZIA. Advise all patients to seek immediate medical attention if they develop signs and symptoms suggestive of blood dyscrasias or infection (e.g., persistent fever, bruising, bleeding, pallor) while on CIMZIA. Consider discontinuation of CIMZIA therapy in patients with confirmed significant hematologic abnormalities.

Drug Interactions

An increased risk of serious infections has been seen in clinical trials of other TNF blocking agents used in combination with anakinra or abatacept. Formal drug interaction studies have not been performed with rituximab or natalizumab; however, because of the nature of the adverse events seen with these combinations with TNF blocker therapy, similar toxicities may also result from the use of CIMZIA in these combinations. Therefore, the combination of CIMZIA with anakinra, abatacept, rituximab, or natalizumab is not recommended. Interference with certain coagulation assays has been detected in patients treated with CIMZIA. There is no evidence that CIMZIA therapy has an effect on in vivo coagulation. CIMZIA may cause erroneously elevated aPTT assay results in patients without coagulation abnormalities.

Autoimmunity

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

Immunizations

Do not administer live vaccines or live-attenuated vaccines concurrently with CIMZIA.

Adverse Reactions

In controlled Crohn's clinical trials, the most common adverse events that occurred in ≥5% of CIMZIA patients (n=620) and more frequently than with placebo (n=614) were upper respiratory infection (20% CIMZIA, 13% placebo), urinary tract infection (7% CIMZIA, 6% placebo), and arthralgia (6% CIMZIA, 4% placebo). The proportion of patients who discontinued treatment due to adverse reactions in the controlled clinical studies was 8% for CIMZIA and 7% for placebo.

In controlled RA clinical trials, the most common adverse events that occurred in ≥3% of patients taking CIMZIA 200 mg every other week with concomitant methotrexate (n=640) and more frequently than with placebo with concomitant methotrexate (n=324) were upper respiratory tract infection (6% CIMZIA, 2% placebo), headache (5% CIMZIA, 4% placebo), hypertension (5% CIMZIA, 2% placebo), nasopharyngitis (5% CIMZIA, 1% placebo), back pain (4% CIMZIA, 1% placebo), pyrexia (3% CIMZIA, 2% placebo), pharyngitis (3% CIMZIA, 1% placebo), rash (3% CIMZIA, 1% placebo), acute bronchitis (3% CIMZIA, 1% placebo), fatigue (3% CIMZIA, 2% placebo). Hypertensive adverse reactions were observed more frequently in patients receiving CIMZIA than in controls. These adverse reactions occurred more frequently among patients with a baseline history of hypertension and among patients receiving concomitant corticosteroids and non-steroidal anti-inflammatory drugs. Patients receiving CIMZIA 400 mg as monotherapy every 4 weeks in RA controlled clinical trials had similar adverse reactions to those patients receiving CIMZIA 200 mg every other week. The proportion of patients who discontinued treatment due to adverse reactions in the controlled clinical studies was 5% for CIMZIA and 2.5% for placebo.

The safety profile for patients with Psoriatic Arthritis (PsA) treated with CIMZIA was similar to the safety profile seen in patients with RA and previous experience with CIMZIA.

The safety profile for AS patients treated with CIMZIA was similar to the safety profile seen in patients with RA.

Please refer to the full Prescribing Information provided by the UCB representative, and visit CIMZIAhcp.com.

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HIPAA Patient Authorization Form

Patient Authorization to Use/Disclose Health Information

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

By signing on the CIMplicity Enrollment 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.

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