

Patient Referral and CIMZIA® (certolizumab pegol) Prescription Form

COMPLETE AND FAX TO 1-866-949-2469



PLEASE CHOOSE ONE:

Benefit Investigation (COMPLETE SECTIONS 1 – 3 ONLY) By checking this box, 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 decisions.

Send to Specialty Pharmacy (Complete All Sections)

For Benefit Investigation
COMPLETE THIS SECTION ONLY
Includes a Summary of Benefits for Prefilled Syringe AND Lyophilized Powder

1. PATIENT INFORMATION

Patient Name (last, first)			
Physical Address (No PO Boxes)			
City/State/Zip	DOB / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Home Phone		Work Phone	

2. INSURANCE INFORMATION (PLEASE FAX A COPY OF THE FRONT AND BACK OF INSURANCE CARD[S])

		Primary	Secondary or Pharmacy Benefit	
Insurance Plan Name				
Insurance Phone Number				
Policy Number				
Group Number				
Policyholder Name				
Pharmacy BIN #				
Patient Medical Information (used for Prior Authorization)	Prior History		Prior Biologic Use (Date of last dose)	
	<input type="checkbox"/> 5-ASA <input type="checkbox"/> Immunosuppressants <input type="checkbox"/> Corticosteroids <input type="checkbox"/> Methotrexate <input type="checkbox"/> Surgery <input type="checkbox"/> Other _____		<input type="checkbox"/> Remicade® _____ <input type="checkbox"/> Enbrel® _____ <input type="checkbox"/> Humira® _____ <input type="checkbox"/> Orenicia® _____ <input type="checkbox"/> Simponi® _____ <input type="checkbox"/> Actemra® _____ <input type="checkbox"/> CIMZIA® _____ <input type="checkbox"/> Other _____	
			<input type="checkbox"/> RA <input type="checkbox"/> PsA <input type="checkbox"/> AS <input type="checkbox"/> CD <input type="checkbox"/> Other ICD-10-CM _____	
			Date of Diagnosis _____	
			Drug Allergies _____ <input type="checkbox"/> NKDA	
			Date of Last TB Test _____	
			Date to Start CIMZIA _____	
		Deliver to <input type="checkbox"/> Patient's Home <input type="checkbox"/> Physician's Office		

3. PRESCRIBER INFORMATION

Prescriber Name (last, first)		Specialty	Cimplicity ID
Tax ID #	NPI #	DEA #	State License Number
Address		City/State/Zip	
Office Contact Name	Phone/Ext	Fax #	Email
OPTIONAL (Complete only if considering an alternate site of administration)			
Site of Administration (if not same as above)		Facility Name	Tax ID #
<input type="checkbox"/> Please also include alternative site of administration on benefits investigation results		Contact Name	Fax #



Do not fill this section out if you are only seeking a Benefit Investigation

4. PRESCRIPTION INFORMATION

Specialty Pharmacy (if any) _____

CIMZIA (certolizumab pegol) PREFILLED SYRINGE (PFS)

INITIAL DOSING ONE CIMZIA PFS STARTER KIT NDC: 50474-710-81 (3 cartons of 2 x 200-mg/mL prefilled syringes) <input type="checkbox"/> Inject 2 syringes (200 mg each) SC at weeks 0, 2, and 4	MAINTENANCE DOSING (Please select appropriate schedule) ONE CIMZIA PFS KIT NDC: 50474-710-79 (1 carton of 2 x 200-mg/mL prefilled syringes) <input type="checkbox"/> Inject 1 syringe (200 mg) SC every 2 weeks Refills <input type="checkbox"/> 12 <input type="checkbox"/> Other _____ (QTY must be numerals and words) OR <input type="checkbox"/> Inject 2 syringes (200 mg each) SC every 4 weeks Refills <input type="checkbox"/> 12 <input type="checkbox"/> Other _____ (QTY must be numerals and words)
Prefilled Syringe Injection Training <input type="checkbox"/> Office to train patient <input type="checkbox"/> Home Health Nurse to train patient	

CIMZIA (certolizumab pegol) LYOPHILIZED POWDER (LYO)

INITIAL DOSING THREE CIMZIA LYOPHILIZED KITS NDC: 50474-700-62 (2 x 200-mg lyophilized powder) <input type="checkbox"/> Initial dose of 400 mg SC at weeks 0, 2, and 4	MAINTENANCE DOSING (Please select appropriate schedule) ONE CIMZIA LYO KIT NDC: 50474-700-62 (2 x 200-mg lyophilized powder) <input type="checkbox"/> 200 mg SC every 2 weeks Refills <input type="checkbox"/> 12 <input type="checkbox"/> Other _____ (QTY must be numerals and words) OR <input type="checkbox"/> 400 mg SC every 4 weeks Refills <input type="checkbox"/> 12 <input type="checkbox"/> Other _____ (QTY must be numerals and words)
Lyophilized powder administration <input type="checkbox"/> Office to administer <input type="checkbox"/> Home Health Nurse to administer Initial doses: <input type="checkbox"/> All (OR) <input type="checkbox"/> 1 (week 0) <input type="checkbox"/> 2 (week 2) <input type="checkbox"/> 3 (week 4) Maintenance doses: <input type="checkbox"/> All	

I authorize RxCrossroads to be my designated agent as needed to refer my patients' prescriptions to the specialty pharmacy and/or nursing agency, to receive information on the status of the dispensing of the prescriptions and related matters, and to contact patients directly to obtain any necessary signatures.

Practitioner signature _____ Disperse as written _____ Substitution allowed _____ Date _____ Invalid without date

Use as directed by practitioner (Prescriber attests this is his/her legal signature. **No Stamps.**)

For Prescription
Includes triage to Specialty Pharmacy and/or Coordination of Home Health Nurse

I have read and agree to the included **HIPAA Patient Authorization Form.**

Patient signature _____ Date _____

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 \leq 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 TNF-blocker 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.

Periodic skin examinations are recommended for all patients, particularly those with risk factors for skin cancer.

Heart Failure

Cases of worsening congestive heart failure (CHF) and new onset CHF have been reported with TNF blockers. CIMZIA has not been formally studied in patients with CHF. Exercise caution when using CIMZIA in patients who have heart failure and monitor them carefully.

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 \geq 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 \geq 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 see accompanying full Prescribing Information.

HIPAA Patient Authorization Form

Patient Authorization to Use/Disclose Health Information

By signing on the Patient Referral and CIMZIA® (certolizumab pegol) 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; (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 if I select to receive one or more medication reminders, I give UCB and its business partners permission to send me medication reminder communications using the method(s) and frequency I selected. I acknowledge that the utility of any reminder notifications depends entirely upon the completeness, accuracy, and currency of data that I give upon signing up for such reminders, and I agree to hold UCB and its business partners harmless from any personal injury, or any incidental, special, indirect, or consequential damage whatsoever. I understand that this medication reminder service is not in any way medical information or medical advice, nor a replacement for seeking medical advice or care from my healthcare provider. I understand that I should consult with my healthcare provider for any medical advice or information on my condition or treatment.

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 mailing a written request to: CIMPlicity®, c/o RxCrossroads, Inc., PO Box 18708, Louisville, KY 40261. 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, 2020 or such earlier date as required by applicable law unless I cancel it beforehand. I understand that I have a right to receive a copy of this authorization.

Important Safety Information

Serious infections have happened in patients taking CIMZIA, including tuberculosis (TB) and infections caused by viruses, fungi, or bacteria that have spread throughout the body. Some patients have died from these infections.

Please see the back of this Patient Authorization for Important Safety Information. Please see accompanying full Prescribing Information, or visit www.CIMZIA.com.

Important Safety Information You Should Know About CIMZIA® (certolizumab pegol)

What is the most important information I should know about CIMZIA?

CIMZIA is a medicine that affects your immune system. CIMZIA can lower the ability of the immune system to fight infections. **Serious infections have happened in patients taking CIMZIA, including tuberculosis (TB) and infections caused by viruses, fungi, or bacteria that have spread throughout the body. Some patients have died from these infections.**

- Your healthcare provider should test you for TB before starting CIMZIA.
- Your healthcare provider should monitor you closely for signs and symptoms of TB during treatment with CIMZIA.

You should not start receiving CIMZIA if you have any kind of infection unless your healthcare provider says it is okay.

Before you receive CIMZIA, tell your healthcare provider if you:

- think you have an infection, flu-like symptoms, or have any other symptoms of an infection such as:
 - fever, sweat, or chills
 - muscle aches
 - cough
 - shortness of breath
 - blood in phlegm
 - weight loss
 - warm, red, or painful skin or sores on your body
 - diarrhea or stomach pain
 - burning when you urinate or urinate more often than normal
 - feeling very tired
- are being treated for an infection, or get a lot of infections or have infections that keep coming back
- have diabetes, HIV, or a weak immune system. People with these conditions have a higher chance for infections.
- have tuberculosis (TB), or have been in close contact with someone with TB
- were born in, lived in, or traveled to countries where there is more risk of getting TB. Ask your healthcare provider if you are not sure.
- live or have lived in certain parts of the country (such as the Ohio and Mississippi River valleys) where there is an increased risk for getting certain kinds of fungal infections (histoplasmosis, coccidioidomycosis, blastomycosis). These infections may develop or become more severe if you take CIMZIA. If you do not know if you have lived in an area where histoplasmosis, coccidioidomycosis, or blastomycosis is common, ask your healthcare provider.
- have or have had hepatitis B
- use the medicine Kineret® (anakinra), Orencia® (abatacept), Rituxan® (rituximab), or Tysabri® (natalizumab)

After starting CIMZIA, if you get an infection, any sign of an infection including a fever, cough, flu-like symptoms, or have open cuts or sores on your body, call your healthcare provider right away. CIMZIA can make you more likely to get infections or make any infection that you may have worse.

Certain Types of Cancer

There have been cases of unusual cancers in children and teenage patients using TNF-blocking agents. CIMZIA is not approved for use in pediatric patients. For people taking TNF-blocker medicines, including CIMZIA, the chances for getting lymphoma or other cancers may increase. People with RA, especially more serious RA, may have a higher chance for getting a kind of cancer called lymphoma.

What is CIMZIA?

CIMZIA is a prescription medicine called a Tumor Necrosis Factor (TNF) blocker. CIMZIA is used in adult patients to:

- Lessen the signs and symptoms of moderately to severely active Crohn's disease (CD) in patients who have not been helped enough by usual treatments.
- Treat moderately to severely active rheumatoid arthritis (RA).
- Treat active psoriatic arthritis (PsA).
- Treat active ankylosing spondylitis (AS)

What should I tell my healthcare provider before starting treatment with CIMZIA?

CIMZIA may not be right for you. Before starting CIMZIA, tell your healthcare provider about all of your medical conditions, including if you:

- have an infection
- have or have had any type of cancer
- have congestive heart failure
- have seizures, any numbness or tingling, or a disease that affects your nervous system such as multiple sclerosis
- are scheduled to receive a vaccine. Do not receive a live vaccine while taking CIMZIA.
- are allergic to any of the ingredients in CIMZIA.
- are pregnant or planning to become pregnant. It is not known if CIMZIA will harm your unborn baby. Tell your healthcare provider right away if you become pregnant while receiving CIMZIA.

What should I tell my healthcare provider before starting treatment with CIMZIA? continued

Pregnancy Registry: If you become pregnant while taking CIMZIA, talk to your healthcare provider about registering in the pregnancy exposure registry for CIMZIA. You can enroll in this registry by calling 1-877-311-8972. The purpose of this registry is to collect information about the safety of CIMZIA during pregnancy.

- are breastfeeding or plan to breastfeed. It is not known if CIMZIA passes into your breast milk. You and your healthcare provider should decide if you will receive CIMZIA or breastfeed.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Especially tell your healthcare provider if you take the following medicines due to a higher chance for serious infections:

- Kineret® (anakinra), Orencia® (abatacept), Rituxan® (rituximab), or Tysabri® (natalizumab)
- medicines called Tumor Necrosis Factor (TNF) blockers, such as Remicade® (infliximab), Humira® (adalimumab), Enbrel® (etanercept), or Simponi® (golimumab)

Ask your healthcare provider if you are not sure. You should not take CIMZIA while you take any of these medicines.

How should I receive CIMZIA?

CIMZIA comes as a lyophilized powder or a solution in a prefilled syringe for injection. If your healthcare provider prescribes the CIMZIA powder, CIMZIA should be injected by a healthcare provider. If your healthcare provider prescribes the prefilled syringe, you will be trained on how to inject CIMZIA. See the booklet called "Instructions for Use" packaged in your CIMZIA prefilled syringe kit for complete instructions for use. Do not give yourself an injection of CIMZIA unless you have been shown by your healthcare provider, or they can train someone you know to help you with your injection. CIMZIA is given by an injection under the skin. Your healthcare provider will tell you how much and how often to inject CIMZIA. Do not use more CIMZIA or inject more often than prescribed.

What are the possible side effects of CIMZIA? CIMZIA can cause serious side effects including:

- **Heart Failure** including new heart failure or worsening of heart failure you already have. Symptoms include shortness of breath, swelling of your ankles or feet, or sudden weight gain.
- **Allergic Reactions.** Signs of an allergic reaction include a skin rash, swelling or itching of the face, tongue, lips, or throat, or trouble breathing.
- **Hepatitis B virus reactivation in patients who carry the virus in their blood.** In some cases, patients have died as a result of hepatitis B virus being reactivated. Your healthcare provider should monitor you carefully before and during treatment with CIMZIA to see if you carry the hepatitis B virus in your blood. Tell your healthcare provider if you have any of the following symptoms:
 - feel unwell
 - skin or eyes look yellow
 - tiredness (fatigue)
- **New or worsening nervous system problems**, such as multiple sclerosis (MS), Guillain-Barre syndrome, seizures, or inflammation of the nerves of the eyes. Symptoms may include:
 - dizziness
 - numbness or tingling
 - problems with your vision
 - weakness in your arms or legs
- **Blood Problems.** Your body may not make enough of the blood cells that help fight infections or help stop bleeding. Symptoms include a fever that doesn't go away, bruising or bleeding very easily, or looking very pale.
- **Immune reactions including a lupus-like syndrome.** Symptoms include shortness of breath, joint pain, or a rash on the cheeks or arms that worsens with sun exposure.

Call your healthcare provider right away if you have any side effects listed above.

The most common side effects of CIMZIA include: upper respiratory infections (flu, cold), rash, and urinary tract infections (bladder infections).

Tell your healthcare provider about any side effect that bothers you or does not go away. These are not all of the possible side effects of CIMZIA. For more information, ask your healthcare provider or pharmacist.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see the Medication Guide for CIMZIA and discuss it with your healthcare provider.

