infusioncare
OF COMMUNITY CARE PHYSICIANS

CIMZIA INFORMED CONSENT FORM

Your physician has recommended a CIMZIA infusion for your treatment. Before agreeing to this treatment, it is important that you read and understand the following explanation of the CIMZIA infusion process. This statement will describe the procedure, benefits, discomforts, risks and precautions.

CIMZIA is a medication that keeps the immune system from attacking healthy tissues in the body. The immune system also defends the body against infections caused by bacteria and viruses. CIMZIA interferes with an important step in this attack. By decreasing the immune system's attack on normal tissues, CIMZIA can reduce pain and joint inflammation, and can slow the damage to your bones and cartilage.

Indications
CIMZIA is indicated and FDA approved for rheumatoid arthritis, psoriatic arthritis, non-radiographic axial spondylitis, and ankylosing spondylitis.

Dosage and Administration
CIMZIA is administered by intravenous infusion that will last a minimum of 30 minutes. One should allow sufficient time for pre and post infusion evaluation. We will place an IV in your arm, which may be uncomfortable.

A full clinical response may not be evident for several weeks following the infusion.

Potential Adverse Reactions
CIMZIA is generally well tolerated and most reported reactions are mild to moderate, transient and manageable. The following adverse reactions are the most commonly reported:

- Upper respiratory infection
- Viral infection
- Bronchitis
- Hypertension
- Rash

Some more severe side effects have been reported including:

- Serious infection
- Allergic reactions. These reactions are usually mild or moderate, but can be severe.
- There have been rare cases of certain kinds of cancer in patients receiving CIMZIA. The role of CIMZIA in the development of cancer is not known.
- Congestive heart failure

- Demyelinating disorders including MS and Guillain-Barre syndrome

Prior to using CIMZIA, please tell your physician or nurse if you (please initial):

_____ Have had any allergic reaction to any other TNF inhibitors such as Enbrel, Humira, Simponi, or Remicade

_____ Have been previously exposed to tuberculosis (TB)

_____ Have has Hepatitis B or C Infection

_____ Pregnant or breast feeding

_____ Have new symptoms or medical problems

_____ Have had any live vaccinations recently (These include measles, mumps, rubella, oral polio (the injectable polio vaccine is not live), oral typhoid (typhoid injection is not live), BCG, yellow fever)

_____ Any Fever or Current Signs/Symptoms of an Infection

_____ Any Acute Cut, Wound or Rash

I understand all possible side effects from this medication may not have been completely identified and as new information becomes available I will be notified.

I have had the opportunity to fully read, understand and discuss this consent form with my physician and the nurses. By signing this consent, I am agreeing to treatment with CIMZIA.

_____ _____

Patient's Name Witness' Name

_____ _____

Patient's Signature Witness' Signature

_____ _____

Date Date