



Simponi Aria (Golimumab) Infusion Order Form

Patient Information

Patient Name: _____ DOB: _____ M F

Allergies: _____

New Treatment Continuing Treatment Last Treatment Date: _____ Next Due Date: _____

Diagnosis and ICD 10 Code (Required)

- Moderate to Severe Rheumatoid Arthritis ICD 10 Code: M06.9
- Active Psoriatic Arthritis ICD 10 Code: L40.52
- Active Ankylosing Spondylitis ICD 10 Code: M45.9
- Other: _____ ICD 10 Code: _____

Required Tests (within 12 months & attach results)

TB/Quantiferon Status & Date: _____

Hepatitis B Status & Date: _____

Required Labs (within 3 months & attach results)

CBC Results _____

CMP Results _____

CRP Results _____

Pregnancy Test Status & Date: _____

Other: _____

Pre-Medication Orders

Acetaminophen (Tylenol) 500mg 650mg 1000mg PO

Diphenhydramine (Benadryl) 25mg 50mg PO IV

Methylprednisolone (Solu-Medrol) 125mg IV

Ondansetron (Zofran) 4mg 8mg PO IV

Other: _____ Route: _____

Dose: _____ Frequency: _____

Nursing

Provide nursing care per Smart Infusion Nursing Procedures,
Including reaction management and post-procedure observation.

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____

Simponi Aria Medication Order

Patient Weight: _____ KG

Dosage

- 2mg/kg IV
- Other _____

Frequency

- Induction week 0 and 4 then every 8 weeks
- Maintenance every 8 weeks
- Other _____

Required Documents

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical and Progress Notes

Special Instructions / Notes