



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

Required Labs

TB/Quantiferon (within 12 months & attach results)
 Hepatitis B Status & Date: _____
 Pregnancy Test Status & Date: _____
 Most recent CBC & CMP (attach results)

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.

Special Instructions / Notes

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 & Progress Notes (including last infusion note)
- Copy of Insurance Card (Front/Back)

Location

Eau Claire Weston Middleton