

(golimumab)

# SIMPONIA ARIA infusion orders

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ M  F

## DIAGNOSIS Please provide ICD-10 code

- \_\_\_\_\_ Rheumatoid Arthritis  \_\_\_\_\_ (other)
- \_\_\_\_\_ Active Psoriatic Arthritis (PSA)
- \_\_\_\_\_ Active Ankylosing Spondylitis (AS)

## PRE-MEDICATION

- Tylenol 1000mg PO  Solu-Medrol 125mg IVP
- Diphenhydramine 25mg PO  Solu-Cortef 100mg IVP
- Cetirizine 10mg PO  Diphenhydramine 25mg IVP
- \_\_\_\_\_ (other)  \_\_\_\_\_ (other)
- Length of Need \_\_\_\_\_

## SIMPONIA ARIA ORDERS

### DOSAGE

- 2 mg/kg (weight-based)
- \_\_\_\_\_ mg (flat dose)

### PATIENT WEIGHT

\_\_\_\_\_ lbs.  
 \_\_\_\_\_ kg

### FREQUENCY

- every 0,4, and every 8 weeks (induction)
- every \_\_\_\_\_ weeks

Refills: \_\_\_\_\_

## Notes

## ORDERING PROVIDER

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

NPI# \_\_\_\_\_

DEA# \_\_\_\_\_

**FAX ORDERS: 702-780-4887**