



 Simponi ARIA (golimumab) IV Infusion Order Form

 405-442-7577  405-442-7223

 orders@premierinfusioncenter.com

 Patient Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / ____
- **Phone:** _____ **Email:** _____
- **Address:** _____
- **Weight:** _____ kg **Height:** _____ cm/in
- **Allergies:** ☐ NKDA ☐ _____
- **Treatment Status:** ☐ New ☐ Continued **Last Treatment Date:** ____ / ____ / ____

◆ **Diagnosis (ICD-10 Selection)**

- ☐ M06.9 – Rheumatoid arthritis, unspecified
- ☐ L40.53 – Psoriatic arthritis
- ☐ M45.9 – Ankylosing spondylitis
- ☐ M08.3 – Juvenile idiopathic arthritis
- ☐ Other: _____ **ICD-10 Code:** _____

◆ **Infusion Order**

- ☐ 2 mg/kg IV in 100 mL 0.9% sodium chloride
- ☐ Induction: Week 0, Week 4, then every 8 weeks
- ☐ Maintenance: Every 8 weeks
- ☐ Infuse over 30 minutes using 0.22-micron or smaller in-line filter
- ☐ Flush with 0.9% sodium chloride post-infusion
- ☐ Observation: ☐ 30 minutes post-infusion
- ☐ Refills: ☐ None ☐ 12 months ☐ Other: _____

◆ **Line Use & Access**

- ☐ Start PIV ☐ Access CVC ☐ Use PICC Line ☐ Flush per standard infusion protocol

◆ **Adverse Reaction & Anaphylaxis Orders**

- ☐ Premier Infusion Center Protocol (premierinfusioncenter.com)
☐ Other – please fax preferred reaction orders to 405-442-7223

◆ **Premedication (Optional)**

- ☐ Acetaminophen: ☐ 500 mg ☐ 650 mg ☐ 1000 mg ☐ PO
☐ Diphenhydramine: ☐ 25 mg ☐ 50 mg ☐ PO ☐ IV
☐ Cetirizine: ☐ 10 mg ☐ PO
☐ Methylprednisolone: ☐ 40 mg ☐ 125 mg ☐ IV
☐ Hydrocortisone: ☐ 100 mg ☐ IV
☐ Other: _____ **Dose:** _____ **Route:** _____

◆ **Laboratory Monitoring**

- ☐ CBC ☐ CMP ☐ CRP ☐ ESR
☐ TB Screening (required prior to first dose)
☐ Hepatitis B Panel (required prior to first dose)
☐ Other: _____
Frequency: ☐ Prior to first dose ☐ Monthly ☐ Other: _____
☐ Physician office will order labs only

◆ **Clinical Documentation Checklist**

- ☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list
☐ Documentation of prior therapies or intolerance
☐ TB and Hepatitis B screening results

◆ **Ordering Provider & Demographics**

- **Name:** _____
- **NPI:** _____ **License #:** _____
- **Contact:** _____ **Phone:** _____ **Fax:** _____
- **Email:** _____
- **Signature:** _____ **Date:** ____ / ____ / ____