



## Simponi Aria (Golimumab) Infusion Order

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Diagnosis (please provide ICD10 code) \_\_\_\_\_

Other: \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_

New Start Therapy  Continuation of Therapy Date of last dose (if applicable): \_\_\_\_\_

### Ordering Provider:

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### PRE-MEDICATION

- Acetaminophen 1000mg PO  Solu-Medrol 125mg IVP
- Diphenhydramine 25mg PO  Solu-Cortef 100mg IVP
- Ceterizine 10mg PO  Diphenhydramine 25mg IVP

### REQUIRED LABS

- TB status and date (please attach results):  
\_\_\_\_\_
- Hepatitis B status & date (please attach results):  
\_\_\_\_\_

## SIMPONI ARIA ORDERS

### DOSING:

- Mix in 100ml 0.9% sodium chloride and administer intravenous infusion over 30 minutes

Dose:  2mg/kg  Other: \_\_\_\_\_mg/kg  Pt weight: \_\_\_\_\_  Other: \_\_\_\_\_ mg (flat dose)

### FREQUENCY:

- Induction and Maintenance:** Week 0, and 4, and then every 8 weeks
- OR Maintenance Only:** Every 8 weeks
- Other: \_\_\_\_\_

### REFILLS:

- \_\_\_\_\_  
*(if not indicated prescription will expire one year from date signed)*

### Sage Infusion Standing Orders:

- Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date