



(golimumab)

# SIMPONI ARIA infusion orders

Patient Name

DOB

Phone

M

F

## DIAGNOSIS Please provide ICD-10 code

Rheumatoid Arthritis

Active Psoriatic Arthritis (PSA)

*(other)*

Active Ankylosing Spondylitis (AS)

## PRE-MEDICATION

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

*(other)*

*(other)*

## SIMPONIA ARIA ORDERS

<b>DOSAGE</b>		<b>PATIENT WEIGHT</b>
2 mg/kg	<i>(weight-based)</i>	lbs.
mg	<i>(flat dose)</i>	kg
<b>FREQUENCY</b>		
every 0,4, and every 8 weeks	<i>(induction)</i>	
every _____ weeks		

## NOTES

## ORDERING PROVIDER

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

Provider

Phone

Fax