

**SIMPONI ARIA (GOLIMUMAB)  
INFUSION ORDERS**

**\*\*REQUIRED INFORMATION\*\***

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, Labs, Tests** supporting primary diagnosis
- TB Test Results (Yearly Screening)
- Hepatitis B Protocol:** Hep B surface antigen and Hep B Core AB total required.

<b>Patient Name:</b>	<b>DOB:</b>
<b>Allergies:</b>	<b>Patient Phone:</b>

- Diagnosis:**  Rheumatoid Arthritis (ICD-10 \_\_\_\_\_)  
 Psoriatic Arthritis (ICD-10 \_\_\_\_\_)  
 Ankylosing Spondylitis (ICD-10 \_\_\_\_\_)  
 Other: \_\_\_\_\_ (ICD-10 \_\_\_\_\_)

**J Code: J1602**

**SIMPONI ARIA ORDERS**

Initial dose:  2mg/kg infused over 30 mins at weeks 0, 4 and then every 8      Patient Weight: \_\_\_\_\_ kg  
Maintenance dose:  Every 8 weeks  
\*Date of last  Remicade    Orencia    Humira    Cimzia    Enbrel  
 Actemra    Kineret    Simponi ARIA   dose: \_\_\_\_\_   Date: \_\_\_\_\_

**Additional Instructions:**

<b>Physician Name:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>**Physician Signature:</b>	<b>Date:</b>	