



Simponi ARIA (golimumab) IV Infusion Order Form

Phone: 614-407-1621 Fax: 614-413-3877

orders@fusiondriphydration.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

☐ Fusiondrip Hydration & Wellness Center Protocol (fusiondriphydration.com)

☐ Other – please fax preferred reaction orders to 614-413-3877

☐ 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:** ____ / ____ / ____