



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:** _____ / _____ / _____