

Golimumab (Simponi Aria)



Provider Order Form rev. 3/25/2022

PATIENT INFORMATION

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	
Patient Status: <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy	Next Due Date (if applicable):	

PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

NURSING

- TB status and date (Please provide results)

- Hepatitis B status and date (Please provide results)

- Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation
NOTE: IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 09.07.2021)

PRE-MEDICATION ORDERS

- acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO
- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- diphenhydramine (Benadryl) 25mg / 50mg PO / IV
- methylprednisolone (Solu-Medrol) 40mg / 125mg IV
- hydrocortisone (Solu-Cortef) 100mg IV
- Other: _____
Dose: _____ Route: _____
Frequency: _____

LABORATORY ORDERS

- CBC at each dose every _____
- CMP at each dose every _____
- CRP at each dose every _____
- Other: _____

THERAPY ADMINISTRATION

- Golimumab** (Simponi Aria) in 100ml 0.9% sodium chloride, intravenous infusion over 30 minutes (use in line filter 0.22 micron or less)
 - Dose: 2mg/kg = _____mg / other _____mg/kg
 - Frequency: induction: week 0, and 4, and then every 8 weeks / maintenance: every 8 weeks / other: _____
 - Duration: Infuse over 30 minutes
- Flush with 0.9% sodium chloride at infusion completion
- Patient is required to stay for 30-minute observation period
- Patient is NOT required to stay for observation time
- Refills: Zero / for 12 months / _____
(if not indicated order will expire one year from date signed)

SPECIAL INSTRUCTIONS

Perform test for latent TB; if positive, start TB treatment prior to starting SIMPONI ARIA. Monitor all patients for active TB during treatment, even if initial latent TB test is negative. Prior to initiating SIMPONI ARIA, test patients for hepatitis B viral infection. All patients should be tested for HBV infection before initiating TNF-blocker therapy.

Provider Name (Print) _____ Provider Signature _____ Date _____

FAX NUMBERS				
<input type="checkbox"/> BAY AREA: 844-889-0275	<input type="checkbox"/> CHICAGO: 312-253-7244	<input type="checkbox"/> INDIANAPOLIS: 844-983-2028	<input type="checkbox"/> PHILADELPHIA: 844-820-9641	<input type="checkbox"/> WEST TN/AR: 888-615-1445
<input type="checkbox"/> CHARLOTTE: 336-663-0143	<input type="checkbox"/> COLUMBUS: 844-627-2675	<input type="checkbox"/> JACKSONVILLE: 904-212-2338	<input type="checkbox"/> RALEIGH: 919-287-2551	<input type="checkbox"/> MIDDLE TN: 888-615-1445
<input type="checkbox"/> CINCINNATI: 844-946-0868	<input type="checkbox"/> DAYTONA: 386-259-6096	<input type="checkbox"/> KANSAS CITY: 844-900-1292	<input type="checkbox"/> SARASOTA: 941-870-6550	<input type="checkbox"/> EAST TN: 615-425-7427
	<input type="checkbox"/> HARRISBURG: 844-859-4235	<input type="checkbox"/> ORLANDO: 844-946-0867	<input type="checkbox"/> SOUTHWEST FL: 813-283-9144	
	<input type="checkbox"/> HARTFORD: 860-955-1532	<input type="checkbox"/> PALM BEACH: 561-768-9044	<input type="checkbox"/> TAMPA: 844-946-0849	