



(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

SIMPONI ARIA ORDERS

DOSAGE

2 mg/kg *(weight-based)*

mg *(flat dose)*

PATIENT WEIGHT

lbs.

kg

FREQUENCY

every 0, 4, and every 8 weeks *(induction)*

every _____ weeks

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider

Phone

Fax