

(golimumab)

SIMPONI ARIA infusion orders



Patient Name
Phone

DOB
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	PATIENT WEIGHT
2 mg/kg <i>(weight-based)</i>	lbs.
mg <i>(flat dose)</i>	kg
FREQUENCY	
every 0, 4, and every 8 weeks <i>(induction)</i>	
every weeks	

NOTES

ORDERING PROVIDER

Signature X Date

Provider Phone Fax