



GOLIMUMAB

(Simponi, Simponi Aria)

Outpatient Infusion

Order Form

Patient Name	
DOB	
Address	
Phone	

Order Status New Order Renewal Dose or Frequency Change

Weight: Height:	Allergies:	
Diagnosis	<input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Ankylosing spondylitis <input type="checkbox"/> Psoriatic arthritis <input type="checkbox"/> Other: <input type="checkbox"/> Ulcerative Colitis	Diagnosis Code:
Required Information (please include labs attached and refer to page 2 for required documentation)	Negative Quantiferon TB, T-spot or chest x-ray (no active disease)	Date:
	Diagnostic Hepatitis B panel	Date:
	CBC and CMP	Date:
Labs	<input type="checkbox"/> CBC, CMP every:	<input type="checkbox"/> Other:

Pre-Medications

Diphenhydramine PO 25 mg Acetaminophen 325 mg
 IV 50 mg 650 mg
 Other:

Medication Order

Simponi Aria (IV)	Dose <input type="checkbox"/> 2 mg/kg IV <input type="checkbox"/> Other:	Frequency <input type="checkbox"/> Induction: Week 0, 4 and then every 8 weeks <input type="checkbox"/> Maintenance: Every 8 weeks <input type="checkbox"/> Other:
Simponi (SQ)	<input type="checkbox"/> 50 mg SQ every month <input type="checkbox"/> Induction: 200 mg SQ at Week 0, then 100 mg SQ at Week 2, and then 100 mg SQ every 4 weeks <input type="checkbox"/> Maintenance: 100 mg SQ every 4 weeks <input type="checkbox"/> Other:	

Infusion Reaction Medications

Hypersensitivity Reaction Protocol will be utilized unless otherwise specified

Provider (print name):	Date:
Provider Signature:	NPI:
Office Phone:	Office Fax:

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- H&P or progress note supporting diagnosis
- UC: Inadequate response to systemic corticosteroids or intolerance or contraindication. Continuation: Low disease activity or improvement in signs and symptoms from baseline: stool frequency or rectal bleeding or urgency of defecation or CRP or FC or appearance of the mucosa on endoscopy, CTE or MRE or improvement on a disease activity scoring tool
- RA: positive biomarkers: RF or anti-CC or has been tested for all: RF, anti-CCP and CRP or ESR. Continuation: Achieve disease activity improvement of at least 20% from baseline in tender joint count, swollen joint count, pain or disability
- PsA: Inadequate response to methotrexate or another conventional drug or intolerance to another conventional drug or has enthesitis or predominately axial disease or severe disease. Continuation: Achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms from baseline in: Number of swollen joints or number of tender joints or, dactylitis or enthesitis, or axial disease or skin and/or nail involvement.
- AS: Inadequate response to at least two NSAID's or intolerance or contraindication to two or more NSAID's. Continuation: Improvement from baseline in functional disease, or total spinal pain or inflammation.
- Medication history
- Recent labs (as above) and/or diagnostic test results

OUTPATIENT INFUSION CENTERS

Select an Infusion Center below (check box):

- Glendale Infusion Clinic
6220 W Bell Road, Glendale AZ 85308
- Osborn NSI Infusion Clinic
7242 E Osborn Road Ste 340, Scottsdale AZ 85251
- Pima Infusion Clinic
8405 N Pima Center Parkway Ste 201, Scottsdale AZ 85258

How to Refer:

- Fax the medication order form along with the selected infusion center form and all necessary documentation to central scheduling and call to set up patient information.
 - Central Scheduling Phone: (623) 434-6138
 - Central Scheduling Fax: (602) 331-5765