HONORHEALTH

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	☐ Rheumatoid arthritis ☐ Psoriatic arthritis ☐ Ulcerative Colitis	☐ Ankylosing spondylitis ☐ Other:	**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	☐ CBC, CMP every:		☐ Other:

Pre-Medications

☐ Diphenhydramine ○ PO ○ IV ○ 25 mg ○ 50 mg ☐ Acetaminophen ○ 325 mg ○ 650 mg

☐ Other:

Medication Order

Simponi Aria (IV)	**Dose** ☐ 2 mg/kg IV ☐ Other:	**Frequency** ☐ Induction: Week 0, 4 and then every 8 weeks ☐ Maintenance: Every 8 weeks ☐ Other:
Simponi (SQ)	☐ 50 mg SQ every month ☐ Induction: 200 mg SQ at Week 0, then 100 mg SQ at Week 2, and then 100 mg SQ every 4 weeks ☐ Maintenance: 100 mg SQ every 4 weeks ☐ 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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Required Documentation

- 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