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SIMPONI ARIA (golimumab) 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 Solu-Medrol 125mg IVP
Diphenhydramine 25mg PO Solu-Cortef 100mg IVP
Cetirizine 10mg PO Diphenhydramine 25mg IVP
Quzyttir 10mg IVSP over 1-2 min (other)

SIMPONIA 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 (maintenance)

NOTES

ORDERING PROVIDER

Signature X Date

Provider Phone Fax