ADVANCED
INFUSION CENTER

Simponi Aria Order Form

Patient Name: _____ DOB: _____

Allergies: _____ Weight: _____

Diagnosis and Clinical Information (provide complete ICD 10 Code):

__ M05. ____ Rheumatoid Arthritis with Rheumatoid Factor

__ M06. ____ Rheumatoid Arthritis without Rheumatoid Factor

__ L40.5____ Psoriatic Arthropathy

__ M45. ____ Ankylosing Spondylitis

REQUIRED: Demographics and most recent H & P, clinical notes, and medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerances, outcomes, or contraindications to conventional therapy. LAB RESULTS: Include Negative Hepatitis B within 3 years and Negative TB within 12 months. If the patient is unable to take methotrexate, then provider to include supporting documentation as to reason/rational.

Pre-Medication Order:

__ acetaminophen 650 mg po
__ loratadine 10 mg po
__ diphenhydramine 25 mg po
__ famotidine 20 mg po
__ methylprednisolone 125 mg IVP
__ other _____

Simponi Aria Order:

___ Loading dose: Infuse 2mg/kg in 100 ml of 0.9% normal saline over at least 30 minutes via pump using 0.2-micron filter at weeks 0 and 4.

___ Maintenance dose: Infuse 2mg/kg in 100 ml 0.9% normal saline over at least 30 minutes via pump using 0.2 micron filter every 8 weeks for one year.

Infusion reaction or hypersensitivity:

- Stop Simponi Aria and start 0.9% normal saline at 250ml/hr.
- Give Benadryl 50 mg IVP.
- Give methylprednisolone 125 mg IVP.
- Call the physician before restarting Simponi Aria.

Physician Signature: _____ Date: _____

Physician Name: _____Phone Number: _____

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