

Edward-Elmhurst Cancer Centers
120 Spalding Drive; Suite 111; Naperville, IL 60540
Phone: 630/646-2273 Fax: 630/548-6617

24600 W. 127th Street; Plainfield, IL 60585
Phone: 630/646-2273 Fax: 630/548-6617

177 E. Brush Hill Road; Elmhurst, IL 60126
Phone: 630/646-2273 Fax: 331/221-3887

Golimumab (Simponi ARIA) Infusion Therapy Orders

Patient Name: _____ DOB: _____

Please include current history and physical and any recent labs/tests (if applicable)

PLEASE ATTACH COPY OF INSURANCE CARD WITH THIS ORDER

Pre-Authorization # or
Call Reference #:

(Ordering Physician Office is Responsible to Obtain Authorization/Referral)

Check if insurance requires drug to be provided by specialty pharmacy

Contact Name and Phone Number
of Insurance Company:

If you have any questions regarding pre-authorizations, please contact (630) 527-3788 and ask for the billing department.

Diagnosis (ICD-10 Required): _____ Weight (lbs/kg): _____

HBV Testing Required Prior to First Dose -

Attach Copy of Results (Date): _____ Result Neg: Yes No

Annual TB Testing Required

Attach Copy of Results (Date): _____ Result Neg: Yes No

Is this their first dose? Yes No

Dose: _____ mg/kg = _____ mg

Visit Frequency: _____

Dosing Guidelines (also see package insert):

• Rheumatoid Arthritis	Simponi ARIA for IV: 2mg/kg at weeks 0, 4, and then every 8 weeks
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***Note: Corticosteroids, *nonbiologics* disease-modifying antirheumatic drugs (DMARDs), and/or NSAIDs may be continued for the treatment of Rheumatoid Arthritis, Psoriatic Arthritis, or Ankylosing Spondylitis. Golimumab should not be used in combination with *biologic DMARDs*. Patients should not get LIVE vaccines. Notify ordering MD to hold treatment for s/s of active infection. Dose will be rounded to nearest vial size.

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Pre-Medications: (Please mark all that apply)

- Tylenol 650mg po prior to infusion
- Benadryl 25mg po prior to infusion
- Benadryl 25mg IVPB prior to infusion

In the event of a hypersensitivity reaction during the infusion of this medication, we will implement the reaction protocol. A designated nurse practitioner will evaluate your patient and your office will receive notification of the event.

In the event that your patient has a central line, it will be used per the Cancer Center protocol, unless otherwise directed.

Physician Signature: _____ **Date:** _____

Ordering Physician NPI: _____ **Edward Hospital NPI:** 1427069632
Elmhurst Hospital NPI: 1548306343

Physician Name (Please Print) **Office Phone** **Fax Number**

Revision/Review Date: 07/01/2021