

Edward Cancer Centers

120 Spalding Drive; Suite 111; Naperville, IL 60540
Phone: 630/646-2273 Fax: 630/548-6617
177 E. Brush Hill Road
Elmhurst, IL 60126
Phone: 630/646-2273 Fax: 331/221-3857

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

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

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

Revision/Review Date: 01/27/2021