



Prestige Infusions
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Affiliation:  Apex HealthRX  METRODRUGS  OAKHILLSPRX SPECIALTY PHARMACY  GoldenHealthCare Specialty Pharmacy

SIMPONI ARIA

(golimumab)

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

SIMPONI ARIA ORDERS

DOSAGE	PATIENT WEIGHT
2 mg/kg <i>(weight-based)</i>	lbs.
mg <i>(flat dose)</i>	kg
FREQUENCY	
every 0, 4, and every 8 weeks <i>(induction)</i>	
every _____ weeks	

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____