

**INFUSION & MEDICAL CENTER**

**1. Patient Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Patient Phone/Cell #** \_\_\_\_\_  
**Patient demographic and insurance information to be faxed with Infusion Order Form**

**2. Medical Information (Please select primary diagnosis and complete ICD10 Code):**

Primary Diagnosis: \_\_\_\_\_ Rheumatoid Arthritis with Rheumatoid factor ICD-10 Code: M05. \_\_\_\_\_  
 \_\_\_\_\_ Rheumatoid Arthritis without Rheumatoid factor ICD-10 Code: M06. \_\_\_\_\_  
 \_\_\_\_\_ Psoriatic Arthritis ICD-10 Code: L40.5 \_\_\_\_\_  
 \_\_\_\_\_ Ankylosing Spondylitis ICD-10 Code: M45. \_\_\_\_\_  
 \_\_\_\_\_ Other: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Allergies: \_\_\_\_\_ (or attach list)

<b>Patient</b>
<b>Weight:</b> _____ lbs.
<b>Height:</b> _____ in.

**3. Clinical Information – Please fax with Infusion Order Form:**

- Clinical MD Notes, labs, test supporting primary diagnosis
  - TB Screening Results
  - Hepatitis B Screening (including Hep B surface antigen & Hep B Core Antibody)
- Previous Drug Therapy History, including therapies trailed/failed and date of last administration:

Agent: \_\_\_\_\_ Date: \_\_\_\_\_ Desired Washout Period: \_\_\_\_\_ weeks

**SIMPONI ARIA® (golimumab)** J Code: J1602

**4. Drug Order:**

**New Start:** Administer Simponi ARIA \_\_\_\_\_ mg (2 mg/kg) IV over 30 minutes on 0, 4 and 8 weeks.

**On-going Maintenance:** Administer Simponi ARIA \_\_\_\_\_ mg (2 mg/kg) IV over 30 minutes.  
 \_\_\_\_\_ #Refills (Recommend 4)

**Adverse Drug Reaction Protocol:** Manage any adverse reaction that may occur per approved ADR Protocol.

By signing this form and utilizing these services, I am authorizing Intramed Plus to serve as my prior authorization agent with medical and pharmacy insurance providers.

**5. Physician Signature:** \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
 Dispense as written Substitution permitted

Printed Physician's Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

<b>FAX ALL INFORMATION</b> <b>CENTRAL FAX 803.999.1754</b>	<b>INFUSION CENTER LOCATIONS</b> <b>COLUMBIA CHARLESTON GREENVILLE</b> <b>CENTRAL INTAKE PHONE 803.999.1760</b>
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