CoxHealth at Home

SIMPONI ARIA®

| CoxHealth | (golimumab) | Fax: 1-417-269-0692 |
|---|--|--|
| Patient Information | Prescriber | |
| Name:DOB: | Prescriber name | : |
| Height: 🗅 in 🗅 cm Weight 🗅 kg 🕻 | | |
| Address: | Address: | |
| | | |
| City: State: Zip: | City: | State: Zip: |
| Phone:Alternate: | Contact: | |
| SSN: | Phone: | Fax: |
| PLEASE INCLUDE ON FAX A COPY OF FRO AND BACK OF INSURANCE CARD(S) |)NT | |
| Clinical Information (Please fax all pertine | ent clinical and la | b information) |
| Diagnosis: 🗖 L40.52 (Psoriatic arthritis) 🗖 M06.9 (Rheumatoid arthritis) 🗖 M45.9 (Ankylosing spondylitis) | | |
| □ Other: | | |
| Allergies: | | |
| Intravenous SIMPONI ARIA® | | |
| Flushing/Premedication Orders: | | |
| ✓ Flushing per CoxHealth at Home protocol | | |
| ✓ PIV: 0.9% sodium chloride 3-20mL before and | d after infusion as needed | t |
| ✓ Port: 0.9% sodium chloride 3-20mL into port at time of access or at least monthly, 0.9% sodium chloride 3-20mL be- fore and after infusion as needed, Heparin 100 units/mL 5mL as lock after infusion | | |
| ✓ No routine premedication necessary. If desired, please write here: | | |
| SIMPONI ARIA [®] (golimumab) IV over 30 minutes | | |
| Frequency: | | |
| Loading frequency: 2 doses at weeks 0 and 4 followed by infusions every 8 weeks thereafter | | |
| OR | | |
| Maintenance frequency: every 8 weeks | | |
| Dose: Rph will round up to the nearest vial size (50mg). D | vilute in 100mL 0.9% sodi | ium chloride |
| ✓ 2mg/kg | | |
| Quantity to dispense: 1 dose with 8 refills (1 year) or $lacksquare$ _ | infusion(s) | |
| Labs: every (frequency) 🖵 CBC with diff 🗆 | CMP Other: | |
| Prescriber's Signature: | | Date |
| I authorize CoxHealth at Home and its representatives to act as an agent to initiate and execute the insuran- stand that I can revoke this designation at any time by providing written notice to CoxHealth at Home. | ice prior authorization process for this prescri | ption and any future fills of the same prescription for the patient listed above. I under- |

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