Nucara Pharmacy
6111 Burnet Rd
Austin, TX 78757
Phone: 512-454-9923
Fax: 512-524-1801

Nucara Infusion Center
6013 Burnet Rd
Austin, TX 78757
Phone: 512-454-9923 x8
Fax: 512-524-1801

Patient Name:_____

DOB:_____ Wt(kg):_____

Allergies:_____ Phone:_____

# Simponi Aria (Golimumab) Infusion Orders

**Required Information:**

- ☐ Signed order from prescribing provider
- ☐ Patient demographics including insurance information
- ☐ Supporting clinical documentation: Visit notes, diagnostic results
- ☐ Required Labs: TB & Hep B screening

**Primary Diagnosis:**

- ☐ Ankylosing Spondylitis ICD-10 :_____)
- ☐ Rheumatoid Arthritis(ICD-10:_____)
- ☐ Rheumatoid Juvenile Idiopathic Arthritis (ICD-10 :_____)
- ☐ Psoriatic Arthritis (ICD-10 :_____)
- ☐ Other (ICD-10 :_____)

## SIMPONI ARIA ORDERS

Dose: ☐ Simponi Aria 2mg/kg

☐ Simponi Aria _____mg

Frequency: ☐ Induction: weeks 0, 4, then every 8 weeks

☐ Subsequent: every _____ weeks

Date of Last Simponi Aria: _____

*Administered per manufacturer guidelines*

## PRE-MEDICATIONS

☐ Tylenol _____mg PO

☐ Cetirizine _____mg PO

☐ Solu-medrol _____mg IV

☐ Loratadine _____mg PO

☐ PO ☐ IV Diphenhydramine _____mg

☐ PO ☐ IV Other:_____ _____mg

## LABS

☐ CBC ☐ ESR ☐ Uric Acid

☐ CMP ☐ TB Quantiferon Gold ☐ Other:_____

☐ CRP ☐ Hep B Core/Surface AG ☐ Other:_____

Frequency:
- ☐ Every Visit
- ☐ Every Other Visit
- ☐ One time only
- ☐ Other:_____

CPL Acct #:_____

## ADDITIONAL INSTUCTIONS

Please include accommodations to be made for the patient, catheter care, prn orders, etc.

_____

_____

_____

| Physician Name: | Phone: | Fax: |
|---|---|---|
| Physician Signature: | NPI: | Date: |