



option care health®

Dear Provider,

Specialty therapies can be complex, and complete information is essential to help ensure timely access to care.

The following prescriber order form is designed to capture the necessary clinical and patient information the dispensing pharmacy requires to begin the applicable prescribed therapy.

If your patient has elected to use Option Care Health, please fax completed form and required clinical documentation to **713-983-4647**.

Sincerely,
Option Care Health

GOLIMUMAB (SIMPONI ARIA®) PRESCRIBER ORDER FORM

Patient Name: _____ Date of Birth: _____ Gender: _____

Address: _____

Patient Phone: _____ Height: _____ inches cm Weight: _____ lbs. kg

Clinical Information

Primary Diagnosis Description: _____ ICD-10 Code: _____

Is this the first dose? Yes – date of first dose: _____ No – date of last dose: _____ Hepatitis B Status: _____ Titer Date: _____
 Positive Negative

TB Status: PPD (negative) – date: _____ Active TB
 Last chest x-ray – date: _____ Unknown
 QuantiFERON or T Spot Assay result and date: _____
 Past positive TB infection, course taken: _____

Golimumab (Simponi Aria®) Prescription

Golimumab (Simponi Aria®) refill as directed x 1 year
Initial Dose: Infuse 2 mg/kg IV over 30 minutes on Weeks 0 and 4.
 Other: _____
Maintenance Dose: Infuse 2 mg/kg IV over 30 minutes every 8 weeks.
 Other: _____
Dispense quantity sufficient of 50mg single dose vials for each dose. Round to nearest 12.5mg increment.
Withdraw required amount from vials and discard any unused vial contents.

Ancillary Orders

Anaphylaxis Kit
Dosage:

- Epinephrine 0.3 mg (> 30 kg), 0.15 mg (15 to 30 kg), or 0.01 mg/kg (< 15 kg) SUBQ or IM x 1; repeat x 1 in 5 to 15 min PRN.
- Diphenhydramine 25 mg (> 30 kg) or 1.25 mg/kg (≤ 30 kg) IV or IM; repeat x 1 in 15 min PRN no improvement.
- 0.9% Sodium Chloride 500 mL (> 30 kg) or 250 mL (≤ 30 kg) IV at KVO rate PRN anaphylaxis.

Medication Orders
 Acetaminophen 650 mg PO 30 min before infusion, may repeat every 3 to 4 hours as needed for fever or mild discomfort. Patient may use own supply or patient may decline.
 Diphenhydramine 25 mg PO 30 min before infusion, may repeat every 4 to 6 hours as needed for mild to moderate allergic reactions. Patient may use own supply or patient may decline.
 Methylprednisolone sodium succinate 40 mg IV push 20 minutes prior to infusion.
 Other: _____

IV Flush Orders
• Peripheral: 0.9% Sodium Chloride 2 to 3 mL pre-/post-use.
• Implanted Port: 0.9% Sodium Chloride 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw. Heparin (100 unit/mL) 3 to 5 mL post-use.
For maintenance, heparin (100 unit/mL) 3 to 5 mL every 24 hr if accessed or weekly to monthly if not accessed.

Lab Orders
 No labs ordered at this time.
 Other: _____

Skilled nurse to assess and administer and/or teach self-administration, where appropriate, via access device as indicated above. Nurse will provide ongoing support as needed. Refill above ancillary orders as directed x 1 year.
If patient is seen within a provider led infusion clinic, Option Care Health's infusion reaction management policy, skilled nursing plan of treatment, and IV flush administration will be followed per provider oversight. No individual anaphylaxis kit will be dispensed.

I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.

Prescriber Signature: _____ Date: _____

Prescriber Information

Prescriber Name: _____ Phone: _____ Fax: _____
Address: _____ NPI: _____
City, State: _____ Zip: _____ Office Contact: _____

CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that do not require authorization. You are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws. **IMPORTANT WARNING:** This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately. Brand names are the property of their respective owners.