

### SIMPONI ARIA (Golimumab) ORDER FORM

#### REFERRAL TYPE

- New Referral     
  Order Renewal     
  Restart     
  Frequency Change     
  Dosage Change

#### PREFERRED LOCATION

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 2730 University Blvd. West   Suite 714<br>Wheaton, MD 20902 | <input type="checkbox"/> 14995 Shady Grove Road   Suite 250<br>Rockville, MD 20850 | <input type="checkbox"/> 5454 Wisconsin Avenue   Suite 600<br>Chevy Chase, MD 20815 |
| <input type="checkbox"/> 18111 Prince Philip Drive   Suite 323<br>Olney, MD 20832    | <input type="checkbox"/> 71 Thomas Johnson Drive<br>Frederick, MD 21702            | <input type="checkbox"/> 2021 K Street, NW   Suite 300<br>Washington, DC 20006      |

#### PATIENT INFORMATION

Name:	DOB:	Email:
Address:	Weight:                      KG                      LBS	Phone:

#### REFERRING PHYSICIAN INFORMATION

Name:	NPI:	
Office Contact Name:	Phone:	Fax:
Address:		

#### SIMPONI ARIA ORDER

**Dosing/Frequency:**

Initial/Reloading Dose: \_\_\_\_\_ mg IV on 0, 4 weeks, then every 8 weeks  
 Maintenance Dose: \_\_\_\_\_ mg IV every \_\_\_\_\_ weeks

**Diagnosis:**

L40.51—Distal interphalangeal psoriatic arthropathy  
 L40.59—Other psoriatic arthropathy  
 M05.79—Rheumatoid arthritis with rheumatoid factor of multiple sites w/o organ or systems involvement  
 M05.89—Other rheumatoid arthritis with rheumatoid factor of multiple sites  
 M06.09—Rheumatoid arthritis w/o rheumatoid factor, multiple sites  
 M06.89—Other specified rheumatoid arthritis, multiple sites  
 M45.0—Ankylosing spondylitis of multiple sites in spine

Other Diagnosis: \_\_\_\_\_ ICD-10 Code (Required): \_\_\_\_\_

**Special Instructions:**

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_ *(Order is Valid for One Year)*

#### REQUIRED DOCUMENTATION

- Please fax the following documents and records:**
- Patient Demographics
  - Two most recent office notes (Supporting the DX and treatment ordered)
  - Most recent labs that include values for:
    - CMP, CBC, HBV Surface Antigen
    - TB Screening (PPD, QFT Gold or Tspot)
  - Copy of the patient's insurance card(s) – front and back
  - Medication History
  - For continuation of treatment, include the last infusion note

***We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.***