



Fax Referrals To: (855) 891-2191 Have a Question? (855) 478-1528

SIMPONI ARIA [®] (GOLIMUMAB) ORDER FORM (* - Required Fields)	STAT REQUEST (*REASON MUST BE PROVIDED BELOW)	
New Referral Order Reneated Order Reneated Benefits Verification Only	ewal Medication/Order Change Discontinuation Order	Locations:
PATIENT INFORMATION		Oklahoma
NAME*: ADDRESS:	DOB*: SEX: M F PHONE:	Tulsa
WEIGHT: LBS KG HEIGHT: ALLERGIES:	EMAIL:	
	NFORMATION	
PHYSICIAN NAME*:	PRACTICE NAME:	-
ADDRESS: PHONE: FAX:	OFFICE CONTACT*: EMAIL (FOR UPDATES):	-
SIMPONI ARIA ORDER*: (SELECT ONE OF THE FOLLOWING) Initial/Reload Dosing then Maintenance 2mg/kg IV on day 0, 4 weeks, then every 8	ICD-10*:	
OR Maintenance Dosing: 2mg/kg IV every 8 v	weeks	
Physician Signature*	Date*(Order is Valid for One Year) Infusion will be administered per policy and protocols	
REQUIRED DIAGNOSIS:	REQUIRED DOCUMENTATION CHECKLIST:	1
	REQUIRED DOCOMENTATION CHECKLIST.	
Ankylosing Spondylitis	Patient Demographics	
Ankylosing Spondylitis Psoriatic Arthritis		
	Patient Demographics	
Psoriatic Arthritis	Patient Demographics Insurance Card/Information	
Psoriatic Arthritis Rheumatoid Arthritis Other	Patient Demographics Insurance Card/Information Clinical/Progress Notes supporting DX	
Psoriatic Arthritis Rheumatoid Arthritis Other *STAT REASON: (STAT reason will be	Patient Demographics Patient Demographics Insurance Card/Information Clinical/Progress Notes supporting DX Current Medication List and H&P	
Psoriatic Arthritis Rheumatoid Arthritis Other *STAT REASON:	Patient Demographics Insurance Card/Information Clinical/Progress Notes supporting DX Current Medication List and H&P HepB Core (IF AVAILABLE)	
Psoriatic Arthritis Rheumatoid Arthritis Other *STAT REASON: (STAT reason will be assessed per MPP	Patient Demographics Insurance Card/Information Clinical/Progress Notes supporting DX Current Medication List and H&P HepB Core (IF AVAILABLE) HepB Surf Ag (w/in 36 months) TB Results (w/in 6 months)-if positive, need negative chest Xray and	
Psoriatic Arthritis Rheumatoid Arthritis Other *STAT REASON: (STAT reason will be assessed per MPP	 Patient Demographics Insurance Card/Information Clinical/Progress Notes supporting DX Current Medication List and H&P HepB Core (IF AVAILABLE) HepB Surf Ag (w/in 36 months) TB Results (w/in 6 months)-if positive, need negative chest Xray and negative TSpot 	
Psoriatic Arthritis Rheumatoid Arthritis Other *STAT REASON: (STAT reason will be assessed per MPP policy and protocol) STANDING LAB ORDERS: CMP CBC	 Patient Demographics Insurance Card/Information Clinical/Progress Notes supporting DX Current Medication List and H&P HepB Core (IF AVAILABLE) HepB Surf Ag (w/in 36 months) TB Results (w/in 6 months)-if positive, need negative chest Xray and negative TSpot 	
Psoriatic Arthritis Rheumatoid Arthritis Other	 Patient Demographics Insurance Card/Information Clinical/Progress Notes supporting DX Current Medication List and H&P HepB Core (IF AVAILABLE) HepB Surf Ag (w/in 36 months) TB Results (w/in 6 months)-if positive, need negative chest Xray and negative TSpot Last Infusion/Injection Date: 	