

## Infusion Order Form

### Patient Information:

Patient Name

DOB

Phone Number

### Medical Information:

Primary Diagnosis:

- ☐ Rheumatoid Arthritis with Rheumatoid factor  
☐ Rheumatoid Arthritis without Rheumatoid factor  
☐ Psoriatic Arthritis  
☐ Ankylosing Spondylitis  
☐ Other \_\_\_\_\_

ICD-10 Code: M05.1\_\_\_\_

ICD-10 Code: M05.2\_\_\_\_

ICD-10 Code: L40.5\_\_\_\_

ICD-10 Code: M45.\_\_\_\_

ICD-10 Code: \_\_\_\_\_

Allergies: \_\_\_\_\_ (or attach list)

### Clinical Information – Please include with Completed Order Form:

- Patient Demographic and Insurance Information
- Clinical notes supporting primary diagnosis
- Medication List
  - Include previously tried and failed therapies
- Required Information:
  - Hepatitis B virus screening
  - TB screening results

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

### Simponi Aria (golimumab) Orders:

- ☐ New Start: Administer Simponi Aria 2 mg/kg (\_\_\_\_mg) IV over 30 minutes on 0, 4, and 8 weeks to provide three (3) total doses
- ☐ Maintenance Therapy: Administer Simponi Aria 2 mg/kg (\_\_\_\_mg) IV over 30 minutes every 8 weeks for 12 months.

### Pre-Medication Orders:

- ☐ Acetaminophen 650 mg PO   ☐ Cetirizine 10 mg PO   ☐ Diphenhydramine 50 mg IV  
☐ Loratadine 10 mg PO   ☐ Other: \_\_\_\_\_

Lab Orders: \_\_\_\_\_

### Prescriber Information:

By signing this form and requesting these services from Revitalize, I authorize Revitalize and it's clinical team to serve as my Prior Authorization Agent with the Patient's Insurance Provider(s).

Prescriber's Signature

Date

Prescriber's Printed Name

Contact Phone #:

For Information About Revitalize and or Infusion Plus, please scan the QR code below:



Revitalize



Revitalize Locations



InfusionPlus

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