



### Golimumab (Simponi ARIA) Order Set:

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (kg) Allergies: \_\_\_\_\_

### Assign as Outpatient

#### Diagnosis:

- M05.60 Rheumatoid Arthritis of unspecified site with involvement of organs and systems  
 M06.00 Rheumatoid Arthritis without rheumatoid factor, unspecified  
 M45.9 Ankylosing Spondylitis  
 L40.52 Psoriatic Arthritis (PsA) mutilans  
 Other (ICD-10 Code): \_\_\_\_\_

**Labs :** To be done per MD office as Outpatient prior to admittance to Infusion Center. Confirmation of hepatitis B status and a negative TB skin test (or other appropriate documentation of TB status) must be faxed to 430-6976 prior to scheduling of appointment for patient.

**Nursing:** Confirm TB and hepatitis B status (or has received hepatitis B vaccination).

Prior to initiation of therapy, assess patient for:

- signs and symptoms of active infection
- worsening symptoms of congestive heart failure
- any new onset of symptoms or current health concerns

\*\*\***NOTIFY MD** if any of the above are present

#### Premedication: Give 30 minutes prior to the start of the infusion:

- No premedication  
 Acetaminophen 1000 mg PO x 1 dose       Acetaminophen 650 mg PO x 1 dose  
 diphenhydrAMINE 25 mg PO x 1 dose       diphenhydrAMINE 50 mg PO x 1 dose  
 Other \_\_\_\_\_

#### Golimumab (Simponi ARIA only) – infuse utilizing a 0.2 micron filter infusion

\_\_\_\_\_ Golimumab 2 mg/kg in Normal Saline 100 ml IV over 30 minutes every 4 weeks x 2 doses. Administer subsequent doses every 8 weeks. Doses may be rounded to the nearest vial size if no greater than 10% difference.

\_\_\_\_\_ Duration \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

**Severe Reactions:** Stop infusion, initiate anaphylaxis protocol and notify MD.

#### IV Line Care:

- Normal Saline 10 ml IV flush after each use
- For implanted ports: Heparin 100 units/ml 5 ml IV flush after each use or prior to deaccessing

Discharge when infusion complete

\*New MD order required every 6 months unless defined in original order\*

Physician Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_



Patient: «Full\_Name»; DOB: «Birth\_Date»

Physician: «Attending\_Physician\_Last\_Name», «Attending\_Physician\_First\_Name» «Attending\_Physician\_Middle\_Init»

Visit ID: «Visit\_ID»