

Hospitalize as: ☐ Outpatient/Observation **Diagnosis: Rheumatoid Arthritis**

NOTE: Screen patient at each visit for active infection including TB before treatment is given . If active infection present notify provider immediately. Screen patient for pregnancy status and notify provider for possible pregnancy.
Notify provider for symptoms of new or worsening Heart Failure.

***All "pre-checked" orders will automatically be enacted unless a specific order is written to the contrary.
Any additional orders must be "checked" to activate.***

- ☒ Patient weight prior to infusion.
- ☒ RN to review "Medication Guide" with patient prior to each treatment
- ☒ Live vaccinations and therapeutic infectious agents should NOT be given during treatment with golimumab (Simponi Aria).

Pre-medication (Check to activate if desired)

- ☐ Acetaminophen 650 mg PO X 1
- ☐ Loratadine (Claritin) 10 mg PO X 1
- ☐ Ondansetron (Zofran) 4 mg IV X 1 PRN for nausea/vomiting.
- ☐ Other: _____

DOSAGE:

- ☒ Golimumab (Simponi Aria) 2 mg/kg IV infusion, diluted in 0.9% sodium chloride to a Total Volume of 100 ml. Administer over 30 minutes @ 200 ml/hour through a dedicated IV line, using an in-line 0.22 micron filter.

Schedule of Infusions:

- ☒ **Week 0**
- ☒ **Week 4**
- ☒ **Maintenance: every 8 weeks thereafter (starting 8 weeks after Week 4)**
- ☒ Patient should remain in ITC for 30 minutes to monitor for signs and symptoms of anaphylaxis following the first two infusions. Hypersensitivity reactions may occur during or within 1 hour of the start of IV infusion.

Infusion Reaction Protocol: *The following orders will be enacted unless a specific order is written to the contrary:*

For **MINOR** infusion reaction (fever, flushing, chills):

- Stop infusion for 10 minutes
- Restart infusion at one-half the previous rate once symptoms have resolved, then increase to 200 ml/hr if patient tolerates

For **MODERATE** infusion reaction (pruritis, urticaria, arthralgia, rash, nausea/vomiting):

- STOP infusion
- Give diphenhydramine 25 mg IV X 1. May repeat X 1 in 10 minutes if reaction does not subside.
- Restart infusion at one-half the previous rate only if patient is asymptomatic and vital signs are stable for 15 minutes.
- Notify Physician

For **SEVERE** infusion reaction or anaphylaxis (hypotension, hypertension, chest pain, dyspnea, wheezing, palpitations):

- **STOP administration of Simponi-Aria immediately**
- For **ANAPHYLAXIS:** Epinephrine (EpiPen) 0.3 mg (0.3 ml) IM x 1 STAT, administered into anterolateral aspect of the thigh
- For **HYPOTENSION:** Bolus IV 0.9% Sodium Chloride 1000 ml over 1 hour
- Diphenhydramine (Benadryl) 25 mg IV X 1 dose
- Methylprednisolone (Solu Medrol) 125 mg IV X 1 dose
- Notify Physician
- Transport the patient to the emergency department

Physician Signature

Date / Time

Wentworth-Douglass Hospital
PHYSICIAN ORDERS

GOLIMUMAB (SIMPONI-ARIA)



PO0020

6011-284MR
Rev. 07/26/17

Page 1 of 1