Golimumab (SIMPONI ARIA) – Induction + Maintenance
Infusion Therapy Plan Orders

Page 1 of 2

Instructions to Provider
Review orders and note any changes. All orders with ☑ will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers page 2). Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

Please complete all of the following:

- ☐ Pre-Service Authorization has been obtained by Kaiser Permanente Fax: 1-888-282-2685 Voice: 1-800-289-1363

<table>
<thead>
<tr>
<th>Order Date: ________________</th>
<th>Diagnosis:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ICD-10 code (REQUIRED): __________________</td>
</tr>
<tr>
<td>Weight: __________kg</td>
<td>ICD-10 description ____________________________</td>
</tr>
</tbody>
</table>

General Plan Communication
- Induction Schedule: Infuse golimumab at 0, 4, then every 8 weeks.
- Golimumab IV is indicated for RA in conjunction with methotrexate. Methotrexate should be ordered separately.
  - Rash is the most common infusion reaction in golimumab-treated patients
- Special instructions/notes: ________________________________________________________________

Provider Information
- Avoid in malignancy, CHF greater than class 2, or underlying neurological disease
- Screen for viral hepatitis prior to use; anti-rheumatic therapy may cause reactivation of hepatitis B
- Ensure baseline PPD or quantIFERON-TB assay for latent TB.
- Ensure all immunizations are current before initiating therapy.
- Live vaccines should not be given concurrently or within 3 months of discontinuation of therapy
- Do not combine with tumor necrosis factor (TNF) agents or other biologic DMARDs.
- BLACK BOX WARNING: Discontinue golimumab if a patient develops a serious infection.

Infusion Therapy
- ☑ golimumab (SIMPONI ARIA) in 0.9% sodium chloride 100 mL IV infusion
  - Dose: ☑ 2 mg/kg x weight (kg) = ________ mg (consider rounding to nearest 50 mg vial size)
  - Route: Intravenous
  - Frequency: Every 4 weeks x 2 doses, then every 8 weeks thereafter.
  - Infusion Duration: 30 minutes
  - If infusion-related reaction:
    1) STOP infusion immediately; 2) Increase normal saline infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) Notify MD
  - Note any changes to above regimen:

Pre-Meds
- ☐ acetaminophen (TYLENOL) tablet
  - Dose: 650 mg  Route: Oral  Frequency: Once PRN, 30 minutes prior to golimumab infusion.
  - May also be given once as needed during infusion for achiness, headache, or fever.
- ☐ cetirizine (ZYRTEC) tablet
  - Dose: 10 mg  Route: Oral
  - Frequency: Once PRN, at least 30 minutes prior to golimumab infusion (if not taken at home).
- ☐ hydrocortisone sodium succinate (SOLU-CORTEF) injectable  [not routine; only if breakthrough reaction]
  - Dose: 50 mg  Route: Oral  Frequency: Once PRN, 30 minutes prior to golimumab infusion in addition to acetaminophen and cetirizine if patient still experiences symptoms with acetaminophen and cetirizine alone.
- ☐ Other: ________  Route: Oral  Frequency: Once, 30 minutes prior to golimumab infusion
  - ☑ No routine pre-medications necessary. Above pre-meds may be given if patient has reaction and requires pre-

Provider Signature: ___________________________ Date: ____________
Printed Name: ___________________________ Phone: ____________ Fax: ____________
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medications for future doses.

### IV Line Care
- **0.9% sodium chloride infusion 250 mL**  
  *Rate:* 30 mL/hr  
  *Route:* Intravenous  
  *Frequency:* Run continuously to keep vein open
- **heparin flush 100 unit/mL**  
  *Dose:* 500 units  
  *Route:* Intracatheter  
  *Frequency:* PRN for IV line care per Nursing Policy

### Infusion Reaction Meds
- **albuterol (PROVENTIL) nebulizer solution 0.083%**  
  *Dose:* 2.5 mg  
  *Route:* Nebulization  
  *Frequency:* PRN for shortness of breath/wheezing
- **diphenhydrAMINE (BENADRYL) injectable**  
  *Dose:* 25 mg  
  *Route:* Intravenous  
  *Frequency:* Once PRN, May repeat x1 for urticaria, pruritis, shortness of breath. May repeat in 15 minutes if symptoms not resolved.
- **EPINEPPhrine 1 mg/mL (1:1000) injectable**  
  *Dose:* 0.3 mg  
  *Route:* Intramuscular  
  *Frequency:* Once PRN for anaphylaxis. Notify physician if administered.
- **hydrocortisone sodium succinate (SOLU-CORTEF) injectable**  
  *Dose:* 100 mg  
  *Route:* Intravenous  
  *Frequency:* Once PRN for hypersensitivity

### Lab Review for Nursing
Rheumatology Indications (when labs available in Epic):
- Baseline labs: CBC, HbsAg, PPD
- Ensure CBC, ALT, AST, and Creatinine have been drawn within the last 8 weeks.
- If labs have not been drawn within 8 weeks, proceed with infusion and instruct patient to receive lab draw today.
- Notify provider if patient is more than 12 weeks overdue for labs.

### Nursing Orders
- **Initial dose only:** Verify PPD or quantiFERON-TB assay for latent TB results are negative for TB. Do not infuse golimumab without negative TB results.
- Do not administer golimumab and notify provider if patient has a temperature greater than 100 degrees F, complains of symptoms of acute viral or bacterial illness, or if patient is taking antibiotics for current infection.
- Document weight each visit. Notify provider if weight change results in change in dose.
- Watch for fever (greater than 100 degrees F), chills, pruritis, chest pain, blood pressure changes (notify MD if greater than 10% drop in systolic blood pressure or if patient is symptomatic) or dyspnea.
- Discontinue IV line when therapy complete and patient stabilized.

### References
- [SIMPONI ARIA® Prescribing Information](#)

### Kaiser Permanente Infusion Locations

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellevue Medical Center</td>
<td>11511 NE 10th St, Bellevue, WA 98004</td>
<td>425-502-3512</td>
<td>425-502-3510</td>
</tr>
<tr>
<td>Capitol Hill Medical Center</td>
<td>201 16th Ave E, Seattle WA 98112</td>
<td>206-326-2104</td>
<td>206-326-3109</td>
</tr>
<tr>
<td>Everett Medical Center</td>
<td>2930 Maple St, Everett, WA 98201</td>
<td>425-261-1659</td>
<td>425-261-1681</td>
</tr>
<tr>
<td>Olympia Medical Center</td>
<td>700 Lily Road N.E., Olympia, WA 98506</td>
<td>360-923-7106</td>
<td>360-923-7164</td>
</tr>
<tr>
<td>Riverfront Medical Center – Spokane</td>
<td>W 322 North River Drive, Spokane, WA 99201</td>
<td>509-324-7168</td>
<td>509-241-2073</td>
</tr>
<tr>
<td>Silverdale Medical Center</td>
<td>10452 Silverdale Way NW, Silverdale, WA 98383</td>
<td>360-307-7493</td>
<td>360-307-7444</td>
</tr>
<tr>
<td>Tacoma Medical Center</td>
<td>209 Martin Luther King Jr Way, Tacoma, WA 98405</td>
<td>253-383-6262</td>
<td>253-596-3666</td>
</tr>
</tbody>
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**Provider Signature:** ___________________________  **Date:** _______________

**Printed Name:** _________________________________  **Phone:** _______________  **Fax:** _______________