

Place patient identification  
sticker here

**DOCTOR'S ORDER SHEET –  
PHARMACY – SIMPONI ARIA (golimumab)**

Allergies:  NKA

Height \_\_\_\_\_ Weight \_\_\_\_\_ kg

\*\*\*\*UNAPPROVED ABBREVIATIONS\*\*\*\*  
QD, QOD, MgSO<sub>4</sub>, MSO<sub>4</sub>, MS, IU, U or -u, ug, Use of a Trailing Zero (X.0mg), Lack of a Leading Zero( Xmg)

DATE	TIME	ORDERS	NURSE SIGNATURE
		Assign to Outpatient status	
		<b>PREMEDICATIONS:</b>	
		0.9% sodium chloride (NS) IV at KVO	
		<input type="checkbox"/> No pre-medications necessary	
		<input type="checkbox"/> methylprednisolone sodium succinate injection _____mg IV x 1 dose 30 mins prior to infusion	
		<input type="checkbox"/> diphenhydramine _____mg IV x1 dose 30 mins prior to infusion	
		<input type="checkbox"/> diphenhydramine _____mg PO x 1 dose 30 mins prior to infusion	
		<input type="checkbox"/> acetaminophen 650mg PO x 1 dose 30 mins prior to infusion	
		<b>MEDICATION:</b>	
		Simponi Aria (golimumab) in 0.9% NS 100ml IV infusion with a 0.22 micron filter	
		<b>Dose:</b> 2mg/kg = Total Dose _____mg	
		<b>Route:</b> Intravenous	
		<b>Frequency:</b> Weeks 0, 4, then 8 every weeks thereafter	
		<b>Infusion Duration:</b> 30 minutes	
		<i>If infusion-related reaction:</i>	
		1.) STOP infusion immediately;	
		2.) Increase 0.9% sodium chloride (NS) infusion to wide open rate;	
		3.) Administer PRN medications per infusion reaction medication ordered;	
		4.) Call Max Cart;	
		5.) Notify MD	
		<b>INFUSION REACTION MEDICATIONS:</b>	
		albuterol inhalation nebulizer solution 2.5mg/0.5ml (concentrated solution)	
		(Note: dilute with 2.5ml of NS for an albuterol 2.5mg/3ml dose)	
		<b>Dose:</b> 2.5mg via nebulizer as needed for shortness of breath/wheezing	
		diphenhydrAMINE injectable	
		<b>Dose:</b> 25mg IV x 1 dose for urticaria, pruritus, shortness of breath. May repeat in 15 minutes if symptoms not resolved	
		EPINEPHrine 1mg/ml (1:1000) injectable	
		<b>Dose:</b> 0.3mg IM x1 dose as needed for anaphylaxis	
		methylPREDNISolone sodium succinate 125mg injection	
		<b>Dose:</b> 125mg IV x1 dose as needed for hypersensitivity	
		<b>NURSING ORDERS:</b>	
		• Weight should be recorded at every visit. Notify physician if weight changed 10% or greater from baseline	
		• Ensure patient has had TB test prior to start of treatment	
		• Ensure patient has been screened for viral hepatitis prior to use	
		• Ensure patient has not received MMR vaccine (measles, mumps, rubella vaccine), Rotavirus vaccine, Smallpox vaccine, YF-Vax (Yellow Fever) vaccine, MMRV (measles, mumps, rubella, and chickenpox) vaccine, or chickenpox vaccine within the past 3 months (Document in Meditech Intervention)within 90 days prior to receiving golimumab	
		• Ensure patient has had baseline labs: CBC, ALT, AST and Creatinine. These should be done at least every 8 weeks during treatment. Call provider if it has been ≥ 12 weeks.	
		• Do not administer golimumab and notify provider if patient has a temperature >100°F, complains of symptoms of acute viral or bacterial illness, or if patient is taking antibiotics for current infection	
		• Monitor patient for signs/symptoms of hypersensitivity during infusion and for 30 mins post-infusion	
		• Discontinue IV line when therapy complete and patient stabilized	

REFERENCES: Simponi Aria Prescribing Information

**USE BALL POINT PEN FAX TO PHARMACY**

\_\_\_\_\_  
Qualified Medical Provider signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

