Physician's Orders
GOLIMUB (SIMPONI ARIA),
IV PIGGYBACK -
ADULT, OUTPATIENT,
INFUSION CENTER
Page 1 of 2

Defaults for orders not otherwise specified below:
- Interval: Every 28 days x 2 treatments (week 0 & 4), then every 56 days starting Day 84

Duration:
- Until date: __________
- 1 year
- ______# of Treatments

Anticipated Infusion Date_____________ ICD 10 Code with Description______________________________________

Height_________(cm) Weight_________(kg) Allergies________________________________________

Provider Specialty
☐ Allergy/Immunology ☐ Infectious Disease ☐ OB/GYN ☐ Rheumatology
☐ Cardiology ☐ Internal Med/Family Practice ☐ Other ☐ Surgery
☐ Gastroenterology ☐ Nephrology ☐ Otolaryngology ☐ Urology
☐ Genetics ☐ Neurology ☐ Pulmonary ☐ Wound Care

Site of Service
☐ SH Gerber ☐ SH Lemmen Holton (GR) ☐ SH Pennock ☐ SH United Memorial
☐ SH Helen DeVos (GR) ☐ SH Ludington ☐ SH Reed City ☐ SH Zeeland

Apptontment Requests
☑ Infusion Appointment Request

Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, infusion and possible labs

Safety Parameters and Special Instructions

☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4
GOLIMUB (SIMPONI ARIA):

An FDA-approved patient medication guide, which is available with the product information and as follows, should be dispensed with this medication

Https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/125433s019lbl.pdf

Treatment with SIMPONI ARIA should not be initiated in patients with an active infection, including clinically important localized infections.

Tuberculosis surveillance and maintenance: Screen and treat latent infection prior to starting therapy.
Hepatitis B surveillance and maintenance: Screen prior to initiating therapy. Refer to specialist as warranted by serology.

TB skin test, hepatitis B surface antigen (HBsAg) test, liver function test (LFT), complete blood count (CBC), up-to-date vaccinations, risk assessment for cancer, and pregnancy testing. Monitor for signs of tuberculosis throughout therapy. Do not initiate therapy if active infection is present. Monitor closely for signs and symptoms of infection. Monitor for signs/symptoms of malignancy (eg, splenomegaly, hepatomegaly, abdominal pain, persistent fever, night sweats, weight loss). Identify history of latex or polysorbate 80 allergy; some dosage containers may contain these agents. Monitor LFTs, CBC at regular intervals. Assess results of laboratory tests (PDD) at regular intervals during treatment.

☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 6
Verify all INDUCTION/LOADING DOSES given prior to start of MAINTENANCE DOSES

☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4
HEPATITIS B VIRUS SURVEILLANCE AND MAINTENANCE RECOMMENDATIONS: Screen prior to treatment. Refer to specialist as warranted by serology.

☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5
TUBERCULOSIS SURVEILLANCE AND MANAGEMENT RECOMMENDATIONS: Screen prior to treatment. Treat latent infection prior to starting therapy.

CONTINUED ON PAGE 2 ➔

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.
GOLIMUMAB
(SIMPONI ARIA),
IV PIGGYBACK -
ADULT, OUTPATIENT,
INFUSION CENTER
(CONTINUED)
Page 2 to 2

Safety Parameters and Special Instructions (continued)

Labs

<table>
<thead>
<tr>
<th>Test</th>
<th>Interval</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B Surface Antigen Level</td>
<td>Once</td>
<td>1 treatment</td>
</tr>
<tr>
<td>Hepatitis B Core Total Antibody Level</td>
<td>Once</td>
<td>1 treatment</td>
</tr>
</tbody>
</table>

Arrange For Patient To Have Id Tb Skin Test Administered And Read Or Serum Tb Screening Lab Prior To Therapy Or Annually

<table>
<thead>
<tr>
<th>Test</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB Screen (QuantiFERON Gold)</td>
<td>Once</td>
</tr>
<tr>
<td>Other</td>
<td>Every ___days</td>
</tr>
</tbody>
</table>

Nursing Orders

<table>
<thead>
<tr>
<th>Test</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONC NURSING COMMUNICATION 100</td>
<td>May Initiate IV Catheter Patency Adult Protocol</td>
</tr>
</tbody>
</table>

Treatment Parameters

<table>
<thead>
<tr>
<th>Test</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONC MONITORING AND HOLD PARAMETERS 3</td>
<td>May proceed with treatment if hepatitis B core antibody and surface antigen labs have been resulted prior to the first dose, and the results are negative.</td>
</tr>
<tr>
<td>ONC MONITORING AND HOLD PARAMETERS 4</td>
<td>May proceed with treatment if tuberculosis screening test with either TB Screen blood test (QuantiFERON® Gold Plus) or TB skin test have been resulted prior to first dose and the results are negative.</td>
</tr>
</tbody>
</table>

Medications

<table>
<thead>
<tr>
<th>Test</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>golimumab (SIMPONI ARIA) 2 mg/kg in sodium chloride 0.9 % 100 mL IVPB</td>
<td>2 mg/kg, Intravenous, for 30 Minutes, Once, Starting S, For 1 Doses Infuse over 30 minutes. Do not infuse in the same line with other medications.</td>
</tr>
</tbody>
</table>

Telephone order/Verbal order documented and read-back completed. Practitioner’s initials ____________

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.