



Spectrum Health

**Physician's Orders
GOLIMUMAB
(SIMPONI ARIA),
IV PIGGYBACK -
ADULT, OUTPATIENT,
INFUSION CENTER**

Page 1 to 2

Patient Name
DOB
MRN
Physician
FIN

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

Appointment 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**
GOLIMUMAB (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.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



Spectrum Health

GOLIMUMAB (SIMPONI ARIA), IV PIGGYBACK - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

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Patient Name
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Safety Parameters and Special Instructions (continued)

Labs

	Interval	Duration
<input checked="" type="checkbox"/> Complete Blood Count w/Differential Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous		
<input checked="" type="checkbox"/> Hepatic Function Panel (Liver Panel) Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
<input type="checkbox"/> Hepatitis B Surface Antigen Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once	1 treatment
<input type="checkbox"/> Hepatitis B Core Total Antibody Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once	1 treatment
Arrange For Patient To Have Id Tb Skin Test Administered And Read Or Serum Tb Screening Lab Prior To Therapy Or Annually		
<input type="checkbox"/> ONC PROVIDER REMINDER 28 Arrange for patient to have intradermal TB skin test (tuberculin PPD) screening performed and read prior to initiating therapy and annually.	Once	1 treatment
<input type="checkbox"/> TB Screen (Quantiferon Gold) Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once	1 treatment
<input type="checkbox"/> Other Labs: _____ -	<input type="checkbox"/> Every ___ days <input type="checkbox"/> Once	<input type="checkbox"/> Until date: _____ <input type="checkbox"/> 1 year <input type="checkbox"/> ___ # of Treatments

Nursing Orders

- ONC NURSING COMMUNICATION 100
May Initiate IV Catheter Patency Adult Protocol

Treatment Parameters

- ONC MONITORING AND HOLD PARAMETERS 3
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.
- ONC MONITORING AND HOLD PARAMETERS 4
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.

Medications

- golimumab (SIMPONI ARIA) 2 mg/kg in sodium chloride 0.9 %
100 mL IVPB
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.

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.

TRANSCRIBED: TIME	DATE	VALIDATED: TIME	DATE	ORDERED: TIME	DATE	Pager #
		Sign		R.N. Sign		Physician Print
						Physician

EPIC VERSION DATE: 09/12/20

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