

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)**



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