

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

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Name: _____
Kaiser Permanente Member I.D. # _____
Date of Birth _____

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

Order Date: _____

Weight: _____ kg

Diagnosis:

ICD-10 code (REQUIRED): _____

ICD-10 description _____

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: _____
Dose: _____ *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-medications for future doses.

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

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IV Line Care

- 0.9% sodium chloride infusion 250 mL
Rate: 30 mL/hr *Route:* Intravenous *Frequency:* Run continuously to keep vein open
 Start peripheral IV if no central line
- 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, pruritus, shortness of breath. May repeat in 15 minutes if symptoms not resolved.
- EPINEPHrine (EpiPen) 0.3 mg/0.3 mL IM Auto-Injector
Dose: 0.3 mg *Route:* Intramuscular *Frequency:* Once PRN for anaphylaxis. Inject into lateral thigh and hold for 10 seconds. Massage the injected area. Use for patients weighing greater than 27.3 kg (60 lbs). Use amp and 1.5 inch needle for patients with BMI greater than 30. 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, pruritus, 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

Bellevue Medical Center

11511 NE 10th St, Bellevue, WA 98004

Fax: 425-502-3512 Phone: 425-502-3510

Capitol Hill Medical Center

201 16th Ave E, Seattle WA 98112

Fax: 206-326-2104 Phone: 206-326-3109

Everett Medical Center

2930 Maple St, Everett, WA 98201

Fax: 425-261-1578 Phone: 425-261-1566

Olympia Medical Center

700 Lily Road N.E., Olympia, WA 98506

Fax: 360-923-7106 Phone: 360-923-7164

Riverfront Medical Center – Spokane

W 322 North River Drive, Spokane, WA 99201

Fax: 509-324-7168 Phone: 509-241-2073

Silverdale Medical Center

10452 Silverdale Way NW, Silverdale, WA 98383

Fax: 360-307-7493 Phone: 360-307-7444

Tacoma Medical Center

209 Martin Luther King Jr Way, Tacoma, WA 98405

Fax: 253-383-6262 Phone: 253-596-3666

Provider Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____