



Fax: _____ Phone: _____

Name _____

DOB _____ ID# _____

Weight _____ Date _____

Golimumab (SIMPONI ARIA)

Diagnosis: (ICD-10 code) _____ - Description _____

For Provider

- Avoid in malignancy, CHF greater than class 2, or underlying neurological disease
- Hepatitis B (Circle One) Yes or No
- PPD (Circle One) Yes or No
- Immunizations must be current before initial treatment begins
- Discontinue Golimumab infusion if patient develops a serious infection
- Golimumab IV is indicated for RA in conjunction with methotrexate

Outpatient Medications

Infusion Medication

Golimumab (SIMPONI ARIA) in 0.9% Sodium Chloride 100mL IV

Dose: 2 mg/kg IV over 30 minutes every month with 2 doses, THEN every two months

Induction Schedule: Infuse Golimumab at 1, 4 (weeks), then every 2 months

Pre-Meds

- Hydrocortisone Sodium succinate (SOLU-CORTEF) injectable (ONLY if breakthrough reaction; not routine)
Dose: 50 mg through IV, Once PRN, 30 minutes prior to Golimumab infusion; can be taken with Acetaminophen and Antihistamine if patient still shows symptoms with Acetaminophen and Antihistamine alone
- Acetaminophen (TYLENOL) tablet
Dose: 650 mg PO, Once, 30 minutes before Golimumab Infusion; Can be taken during infusion once if patient complains of headache, achiness, or if feverish
- Cetirizine (Zyrtec) tablet
Dose: 10 mg, PO, Once, at least 30 minutes before Golimumab infusion begins

Other: _____

Labs

Additional Orders

Provider Signature: _____ **Date:** _____

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