

ADMIT to Outpatient Infusion Center of EAMC for **Golimumab (Simponi Aria)**

**Diagnosis:**

- ☐ Rheumatoid Arthritis with rheumatoid factor of multiple sites without organ or system involvement.
- ☐ Rheumatoid Arthritis without rheumatoid factor of multiple sites with organ or system involvement.
- ☐ Rheumatoid Arthritis with rheumatoid factor, unspecified.
- ☐ Rheumatoid Arthritis without rheumatoid factor, multiple sites
- ☐ Ankylosing Spondylitis
- ☐ Psoriatic Arthritis
- ☐ Other (specify): \_\_\_\_\_

**Labs:**

\*Labs must be resultd prior to scheduling infusion.

\*Physician office to verify results of TB test and Hepatitis panel prior to referral. Proceed with treatment if results are nonreactive or negative.

**Pre-Meds:**

- ☐ Other (specify): \_\_\_\_\_

**Infusion Orders**

| Drug                        | Fluid     | Dose    | Route       |
|-----------------------------|-----------|---------|-------------|
| Golimumab<br>(Simponi Aria) | NS 100 mL | 2 mg/kg | IV Infusion |

**Ancillary Treatment/Administrative Procedures**

- ❖ Infuse Simponi Aria: 2 mg/kg in 100 mL Normal Saline over 30 minutes.
- ❖ Use 0.22-micron filter set.
- ❖ Monitor vital signs prior to infusion, then as needed.
- ❖ May use Infusion Center at EAMC Non-Oncology standing orders.

**Schedule repeat infusion: 2mg/kg at week 0 and 4, then every 8 weeks.**

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Time**

**EAST ALABAMA MEDICAL CENTER  
EAMC Infusion Order Set  
Golimumab (Simponi Aria)**

**Patient Identification**