

**Simponi Aria Infusion Order** (Revised 4/3/21)

**Instructions to Provider:** All orders with  will be placed unless otherwise noted. Please fax completed order, along with referral form to desired location.

**Required Lab Results:** Prior to first infusion Hep B Profile and PPD/Quantiferon Gold (If outside Atrium, please fax with order. Required prior to scheduling.)

**Infusion Therapy:**

Simponi Aria (golimumab) **2mg/kg** IV over 30 minutes ICD 10 code: \_\_\_\_\_

**Frequency:** week 0, 4, then every \_\_\_\_\_ weeks (Loading) OR

**Frequency:** every \_\_\_\_\_ weeks (Maintenance)

**Pre-Meds: Administer 30 minutes prior to Simponi:**

Acetaminophen **1000** mg PO x 1

Benadryl \_\_\_\_\_ mg PO or \_\_\_\_\_ mg IV x 1 (*if applicable, only choose ONE*)

Loratadine 10 mg PO x 1

SoluMedrol **125** mg IV x 1

**PRN Meds:**

Zofran 4mg IV every 3 hours PRN nausea/vomiting

Ibuprofen 800mg PO every 8 hours PRN pain

**Additional Orders:**

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**Special Instructions:**

- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.

**Infusion Monitoring:**

- Obtain vital signs pre- and post-infusion.
- Monitor for any signs of reaction for 30 minutes after 1<sup>st</sup> infusion and subsequent infusions PRN if previous signs of reaction observed.
- Do not administer if a patient has a temperature greater than 100°F, complains of symptoms of acute viral or bacterial illness, or if patient is taking antibiotics for current infection

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (Order valid for 1 year)

Patient Name:

DOB:

MRN: