Oregon Health & Science University
Hospital and Clinics Provider’s Orders

ADULT AMBULATORY INFUSION ORDER
Golimumab (SIMPONI ARIA)

ACCOUNT NO. MED. REC. NO. NAME BIRTHDATE

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Weight: __________ kg  Height: __________ cm

Allergies: __________________________________________

Diagnosis Code: __________________________________________

Treatment Start Date: __________  Patient to follow up with provider on date: __________

**This plan will expire after 365 days at which time a new order will need to be placed**

GUIDELINES FOR ORDERING

1. Send FACE SHEET and H&P or most recent chart note.
2. Confirm negative TB and Hepatitis B antigen prior to start of therapy.

PRE-SCREENING: (Results must be available prior to initiation of therapy):

- Hepatitis B Surface AG, serum, Routine, ONCE
- Hepatitis B Core AB Qual, serum, Routine, ONCE

OR

- Hepatitis B surface antigen and core antibody test results scanned with orders

  - Tuberculin Test Result. Date: ________  □ Positive / □ Negative

LABS:

1. CBC with differential, Routine, ONCE, every visit, If on methotrexate or leflunomide
2. CMP, Routine, ONCE, every visit, If on methotrexate or leflunomide

MEDICATIONS: (must check one)

- golimumab (SIMPONI ARIA) 2 mg/kg diluted to 100 mL in 0.9% NaCl, intravenous, ONCE
  - Every 4 weeks for 2 treatments (week 0, 4)
  - Every 8 weeks thereafter (week 12 and beyond)

Infuse over 30 minutes. Infuse with in-line low protein-binding 0.22 micron filter. Do not infuse in the same line with other medications

NURSING ORDERS:

1. Infusions to be scheduled at weeks 0 and 4, then every 8 weeks thereafter.
2. Monitor and record vital signs, tolerance, and presence of infusion-related reactions prior to infusion and at the completion of the infusion.
3. If Hypersensitivity or Infusion related events develop the infusion should be interrupted temporarily and the patient should be carefully assessed. Infusion related side effects may consist of: Temp greater than 38.5, rigors, SBP greater than 30 mmHG decrease from baseline, mucosal or respiratory (congestion/edema) distress.
HYPERSENSITIVITY MEDICATIONS:
1. dexamethasone (DECADRON) injection, 4 mg, intravenous, AS NEEDED x1 dose for hypersensitivity reaction
2. diphenhydramine (BENADRYL) injection, 25-50 mg, intravenous, EVERY 2 HOURS AS NEEDED for hypersensitivity reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x1 dose for hypersensitivity reaction

AS NEEDED MEDICATIONS:
☐ acetaminophen (TYLENOL) tablet, 650 mg, oral, EVERY 4 HOURS AS NEEDED for headache, fever, chills or malaise
☐ diphenhydramine (BENADRYL) capsule, 50 mg, oral, EVERY 4 HOURS AS NEEDED for itching

By signing below, I represent the following:
I am responsible for the care of the patient (who is identified at the top of this form);
I hold an active, unrestricted license to practice medicine in: ☐ Oregon ☐ ________________ (check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon);
My physician license Number is # ________________ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: ___________________________ Date/Time: ___________________________
Printed Name: ___________________________ Phone: ______________ Fax: ______________
OLC Central Intake Nurse:

Phone: 971-262-9645 (providers only) Fax: 503-346-8058

Please check the appropriate box for the patient’s preferred clinic location:

- **Beaverton**
  - OHSU Knight Cancer Institute
  - 15700 SW Greystone Court
  - Beaverton, OR 97006
  - Phone number: 971-262-9000
  - Fax number: 503-346-8058

- **NW Portland**
  - Legacy Good Samaritan campus
  - Medical Office Building 3, Suite 150
  - 1130 NW 22nd Ave.
  - Portland, OR 97210
  - Phone number: 971-262-9600
  - Fax number: 503-346-8058

- **Gresham**
  - Legacy Mount Hood campus
  - Medical Office Building 3, Suite 140
  - 24988 SE Stark
  - Gresham, OR 97030
  - Phone number: 971-262-9500
  - Fax number: 503-346-8058

- **Tualatin**
  - Legacy Meridian Park campus
  - Medical Office Building 2, Suite 140
  - 19260 SW 65th Ave.
  - Tualatin, OR 97062
  - Phone number: 971-262-9700
  - Fax number: 503-346-8058

Infusion orders located at: [www.ohsuknight.com/infusionorders](http://www.ohsuknight.com/infusionorders)