Corewell Health™

Patient Name	
DOB	
MRN	
Physician	
CSN	

Physician's Orders GOLIMUMAB (SIMPONI), SUBCUTANEOUS - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

Defaults for orders not otherwise specified below:

- ☐ Interval: Every 28 days (Ankylosing spondylitis, Psoriatic arthritis, Rheumatoid arthritis)
- ☐ Interval: **INDUCTION** (Ulcerative Colitis) – Every 14 days x 2 (maintenance treatment begins on day 42)
- ☐ Interval: **MAINTENANCE** (Ulcerative Colitis) – Every 28 days

Duration:

- ☐ Until date: _____
- ☐ 1 year
- ☐ _____# of Treatments

Anticipated Infusion Date_____ICD 10 Code with Description_____

Height_____(cm) Weight_____(kg) Allergies_____

Site of Service

☐ CH Gerber	☐ CH Lemmen Holton (GR)	☐ CH Pennock	☐ CH Greenville
☐ CH Helen DeVos (GR)	☐ CH Ludington	☐ CH Reed City	☐ CH Zeeland
☐ CH Blodgett (GR)			

Provider Specialty

☐ Allergy/Immunology	☐ Infectious Disease	☐ OB/GYN	☐ Rheumatology
☐ Cardiology	☐ Internal Med/Family Practice	☐ Other	☐ Surgery
☐ Gastroenterology	☐ Nephrology	☐ Otolaryngology	☐ Urology
☐ Genetics	☐ Neurology	☐ Pulmonary	☐ Wound Care

Appointment Requests

☑ Infusion Appointment Request

Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Injection and possible labs

Safety Parameters and Special Instructions Appointment

☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4

GOLIMUMAB (SIMPOINI):

An FDA-approved patient medication guide, which is available with the product information and as follows, should be dispensed with this medication

Https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/125289s135lbl.pdf

Tuberculosis surveillance and management: Screen and treat latent infection prior to starting therapy.
Hepatitis B surveillance and management: Screen prior to initiating therapy. Refer to specialist as warranted by serology.

TB skin test, hepatitis B surface antigen (HBsAg) test, liver function test (LFT), complete blood count (CBC), up-to-date vaccinations, risk assessment for cancer, and pregnancy testing. Monitor for signs of tuberculosis throughout therapy. Do not initiate therapy if active infection is present. Monitor closely for signs and symptoms of infection. Monitor for signs/symptoms of malignancy (eg, splenomegaly, hepatomegaly, abdominal pain, persistent fever, night sweats, weight loss). Identify history of latex or polysorbate 80 allergy; some dosage containers may contain these agents. Monitor LFTs, CBC at regular intervals. Assess results of laboratory tests (PDD) at regular intervals during treatment.

If self-injected, teach patient appropriate injection technique and syringe/needle disposal.

☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4

HEPATITIS B VIRUS SURVEILLANCE AND MAINTENANCE RECOMMENDATIONS: Screen prior to treatment. Refer to specialist as warranted by serology.

☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5

TUBERCULOSIS SURVEILLANCE AND MANAGEMENT RECOMMENDATIONS: Screen prior to treatment. Treat latent infection prior to starting therapy.

CONTINUED ON PAGE 2 ➔

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.

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GOLIMUMAB (SIMPONI), SUBCUTANEOUS - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER *(CONTINUED)*

Labs

	Interval	Duration
☑ Complete Blood Count w/Differential May Initiate IV Catheter Patency Adult Protocol. Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous		
☑ Hepatic Function Panel (Liver Panel) Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
☑ Hepatitis B Surface Antigen Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
☑ Hepatitis B Core Total Antibody Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
☑ **Arrange For Patient To Have Id Tb Skin Test Administered And Read Or Serum Tb Screening Lab Prior To Therapy Or Annually**		
☐ ONC PROVIDER REMINDER 28 Arrange for patient to have intradermal TB skin test (tuberculin PPD) screening performed and read prior to initiating therapy and annually.	Once	1 treatment
☐ TB Screen (Quantiferon Gold) Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once	1 treatment

Additional Lab Orders

	Interval	Duration
☐ Labs: _____	☐ Every ___ days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ ____# of treatments

Nursing Orders

☑ ONC NURSING COMMUNICATION 200
May Initiate IV Catheter Patency Adult Protocol.

☑ Hypersensitivity Reaction Adult Oncology Protocol — Until Discontinued

Routine, Until discontinued Starting when released for 24 hours
HYPERSENSITIVITY REACTIONS:
Discontinue the medication infusion immediately.

Activate emergency response for severe or rapidly progressing symptoms. Where available consider calling RAP and have crash cart available. Call 911 or code team (if applicable) as needed for an absence of pulse and respirations. Refer to site specific emergency response policy.

Stay with patient until symptoms have resolved.

Initiate/Continue Oxygen to maintain SpO2 greater than 90% and discontinue Oxygen Therapy to maintain SpO2 above 90%

For severe or rapidly progressing hypersensitivity reaction symptoms, monitor vital signs and pulse oximeter readings every 2 to 5 minutes until the patient is stable and symptoms resolve.

Document medication infusing and approximate dose received at time of reaction in the patient medical record. Document allergy to medication attributed with causing reaction in patient medical record. Complete Adverse Drug Reaction form per Pharmacy Clinical Policy.

CONTINUED ON PAGE 3 ➔

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GOLIMUMAB (SIMPONI), SUBCUTANEOUS - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER *(CONTINUED)*

Treatment Parameters

☑ ONC MONITORING AND HOLD PARAMETERS 3
May proceed with treatment if hepatitis B core antibody and surface antigen labs have been resulted prior to the first dose, and the results are negative.

☑ ONC MONITORING AND HOLD PARAMETERS 4
May proceed with treatment if tuberculosis screening test with either TB Screen blood test (QuantiFERON® Gold Plus) or TB skin test have been resulted prior to first dose and the results are negative

Medications

☑ **Golimumab (Simponi) Autoinjector Or Prefilled Syringe**
Rotate injection site and avoid injections into tender red, scaly, hard or bruised skin, or areas with scars or stretch marks.
If multiple injections are required for a single dose, administer at different sites on body.

Hold autoinjector firmly against skin and inject subcutaneously into thigh, lower abdomen, or upper arm. A loud click is heard when injection has begun. Continue to hold autoinjector against skin until second click is heard (may take 3 to 15 seconds).

Ankylosing spondylitis, Psoriatic arthritis, or Rheumatoid arthritis:
☐ 50 mg

Induction for Ulcerative Colitis:
☐ 200 mg, week 0
☐ 100 mg, week 2

Maintenance for Ulcerative Colitis:
☐ 100 mg

Subcutaneous, Once, Starting S, For 1 Dose

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		**VALIDATED:**		**ORDERED:**			
TIME	**DATE**	**TIME**	**DATE**	**TIME**	**DATE**	Pager #	
	Sign		**R.N. Sign**		**Physician Print**		**Physician Sign**

EPIC VERSION DATE: 09/12/20

