



	PHYSICIAN ORDER SET : <b>GOLIMUMAB MAINTENANCE</b>
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Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_

Provider Facility Name: \_\_\_\_\_ Provider Facility Address: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Date: \_\_\_\_\_

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

*Complete, sign, and fax this document to: **CDH Central Scheduling at 413-582-2183.***

\*\*Please include H&P/ current medications list/ allergies, and ensure that med authorizations have been obtained\*\*

*For Blood Transfusions, please ensure that signed consent has been obtained.*

**Criteria to Treat**

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Criteria to Treat</b>		Every 8 weeks		Until discont'd
Verify that the patient has: 1) a negative hepatitis B screen or is hepatitis B immune 2) a negative TB status or adequate TB treatment 3) not received a live vaccine within the last 4 weeks. If any of these criteria are not met, review provider documentation that it is okay to proceed with infusion. If documentation not found, contact the provider.				

**Pre-Medications**

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> <b>acetaminophen (TYLENOL) tablet 650 mg</b>	650 mg	Every 8 weeks		Until discont'd
650 mg, Oral, Once <i>Administer at least 30 mins prior to principal medication.</i>				
<input type="checkbox"/> <b>loratadine (CLARITIN) tablet 10 mg</b>	10 mg	Every 8 weeks		Until discont'd
10 mg, Oral, Once <i>Order based on formulary availability. Administer at least 30 mins prior to principal medication.</i>				
<input type="checkbox"/> <b>fexofenadine (ALLEGRA) tablet 180 mg</b>	180 mg	Every 8 weeks		Until discont'd
180 mg, Oral, Once <i>Order based on formulary availability. Administer at least 30 mins prior to principal medication.</i>				



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**Medications**

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> <b>golimumab (SIMPONI ARIA) 2 mg/kg in sodium chloride 0.9% 100 mL IVPB</b> 2 mg/kg, Intravenous, for 30 Minutes, Once	2 mg/kg	Every 8 weeks		Until discont'd
<input type="checkbox"/> <b>loratadine (CLARITIN) tablet 10 mg</b> 10 mg, Oral, Once <i>Order based on formulary availability. Administer at least 30 mins prior to principal medication.</i>	10 mg	Every 8 weeks		Until discont'd
<input type="checkbox"/> <b>fexofenadine (ALLEGRA) tablet 180 mg</b> 180 mg, Oral, Once <i>Order based on formulary availability. Administer at least 30 mins prior to principal medication.</i>	180 mg	Every 8 weeks		Until discont'd

**Labs**

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Comprehensive metabolic panel</b> consists of the following tests: Na, K, Cl, CO2, BUN, Glucose, Creatinine, Calcium, Albumin, Alkaline Phosphatase, Total Bilirubin, Total Protein, ALT, and AST		Every 8 weeks		Until discont'd
<input type="checkbox"/> <b>loratadine (CLARITIN) tablet 10 mg</b> 10 mg, Oral, Once <i>Order based on formulary availability. Administer at least 30 mins prior to principal medication.</i>	10 mg	Every 8 weeks		Until discont'd
<input type="checkbox"/> <b>fexofenadine (ALLEGRA) tablet 180 mg</b> 180 mg, Oral, Once <i>Order based on formulary availability. Administer at least 30 mins prior to principal medication.</i>	180 mg	Every 8 weeks		Until discont'd
<input type="checkbox"/> <b>CBC and differential</b> If deemed necessary based upon the results of the automated differential, a manual differential may be performed		Every 8 weeks		Until discont'd
<input type="checkbox"/> <b>loratadine (CLARITIN) tablet 10 mg</b> 10 mg, Oral, Once <i>Order based on formulary availability. Administer at least 30 mins prior to principal medication.</i>	10 mg	Every 8 weeks		Until discont'd
<input type="checkbox"/> <b>fexofenadine (ALLEGRA) tablet 180 mg</b> 180 mg, Oral, Once <i>Order based on formulary availability. Administer at least 30 mins prior to principal medication.</i>	180 mg	Every 8 weeks		Until discont'd
<input type="checkbox"/> <b>Sedimentation rate (ESR)</b> No details available for preview		Every 8 weeks		Until discont'd
<input type="checkbox"/> <b>loratadine (CLARITIN) tablet 10 mg</b> 10 mg, Oral, Once <i>Order based on formulary availability. Administer at least 30 mins prior to principal medication.</i>	10 mg	Every 8 weeks		Until discont'd



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**Labs (continued)**

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> <b>fexofenadine (ALLEGRA) tablet 180 mg</b> 180 mg, Oral, Once <i>Order based on formulary availability. Administer at least 30 mins prior to principal medication.</i>	180 mg	Every 8 weeks		Until discont'd
<input type="checkbox"/> <b>C-Reactive Protein</b> No details available for preview		Every 8 weeks		Until discont'd
<input type="checkbox"/> <b>loratadine (CLARITIN) tablet 10 mg</b> 10 mg, Oral, Once <i>Order based on formulary availability. Administer at least 30 mins prior to principal medication.</i>	10 mg	Every 8 weeks		Until discont'd
<input type="checkbox"/> <b>fexofenadine (ALLEGRA) tablet 180 mg</b> 180 mg, Oral, Once <i>Order based on formulary availability. Administer at least 30 mins prior to principal medication.</i>	180 mg	Every 8 weeks		Until discont'd
<input type="checkbox"/> <b>T spot TB test</b> Draw once a year		Every 52 weeks		Until discont'd
<input type="checkbox"/> <b>loratadine (CLARITIN) tablet 10 mg</b> 10 mg, Oral, Once <i>Order based on formulary availability. Administer at least 30 mins prior to principal medication.</i>	10 mg	Every 52 weeks		Until discont'd
<input type="checkbox"/> <b>fexofenadine (ALLEGRA) tablet 180 mg</b> 180 mg, Oral, Once <i>Order based on formulary availability. Administer at least 30 mins prior to principal medication.</i>	180 mg	Every 52 weeks		Until discont'd

**Catheter management**

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Line Access</b> Routine <i>As needed. Until Specified. Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment.</i>		PRN		Until discont'd
<input type="checkbox"/> <b>alteplase (CATHFLO) 1 mg/mL injection 2 mg</b> 2 mg, Intracatheter, As needed, line care <i>For central venous access device requiring clearance. Administer per institutional guidelines. May repeat once per lumen.</i>	2 mg	PRN		Until discont'd
<input type="checkbox"/> <b>lidocaine-prilocaine (EMLA) cream</b> Topical, As needed, apply prior to the PIV insertion or port access	_____	PRN		Until discont'd
<input type="checkbox"/> <b>heparin 100 units/mL flush 5 mL</b> 5 mL, Intravenous, As needed, Line care per institutional guidelines	5 mL	PRN		Until discont'd
<input type="checkbox"/> <b>heparin 10 units/mL flush 3 mL</b> 3 mL, Intravenous, As needed, Line care per institutional guidelines	3 mL	PRN		Until discont'd



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**Catheter management (continued)**

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> <b>heparin 10 units/mL flush 5 mL</b> 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines	5 mL	PRN		Until discont'd
<input type="checkbox"/> <b>heparin 1000 units/mL flush 2 mL</b> 2 mL, Intracatheter, As needed, APHERESIS LINE CARE ONLY per institutional policy. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER	2 mL	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride (NS) 0.9 % syringe flush 3 mL</b> 3 mL, Intravenous, As needed, Line care per institutional guidelines	3 mL	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride (NS) 0.9 % syringe flush 10 mL</b> 10 mL, Intravenous, As needed, line care, Line care per institutional guidelines	10 mL	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride (NS) 0.9 % syringe flush 20 mL</b> 20 mL, Intravenous, As needed, line care, Line care per institutional guidelines	20 mL	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride 0.9% infusion</b> 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment	20 mL/hr	PRN		Until discont'd
<input type="checkbox"/> <b>D5W infusion</b> 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment	20 mL/hr	PRN		Until discont'd

**Emergency Medications/Anaphylaxis**

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Provider and Nurse Communication</b> Routine <i>Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.</i>		PRN		Until discont'd
<input type="checkbox"/> <b>EPINEPHrine injection 0.3 mg</b> 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 is equivalent to 1 mg/mL	.3 mg	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride 0.9% bolus 1,000 mL</b> 1,000 mL, Intravenous, Once as needed, Hypotension	1000 mL	PRN		Until discont'd
<input type="checkbox"/> <b>Oxygen Therapy - Non-Rebreather</b> Routine <i>Select a Mode of Therapy: Non-Rebreather</i>		PRN		Until discont'd



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**Hypersensitivity**

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Provider and Nurse Communication</b>		PRN		Until discont'd
Routine <i>Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.</i>				
<input type="checkbox"/> <b>albuterol (ACCUNEB) nebulizer solution 2.5 mg</b>	2.5 mg	PRN		Until discont'd
2.5 mg, Nebulization, Once as needed, wheezing, shortness of breath				
<input type="checkbox"/> <b>acetaminophen (TYLENOL) tablet 975 mg</b>	975 mg	PRN		Until discont'd
975 mg, Oral, Once as needed, fever				
<input type="checkbox"/> <b>diphenhydramine (BENADRYL) injection 25 mg</b>	25 mg	PRN		Until discont'd
25 mg, Intravenous, As needed, itching, hives. Begin with 25 mg. If patient has continued reaction, administer additional 25 mg				
<input type="checkbox"/> <b>famotidine (PEPCID) injection 20 mg</b>	20 mg	PRN		Until discont'd
20 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction Hold if: given as premed				
<input type="checkbox"/> <b>cetirizine (ZyrTEC) tablet 10 mg</b>	10 mg	PRN		Until discont'd
10 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction. <i>HOLD IF: given fexofenadine.</i>				
<input type="checkbox"/> <b>fexofenadine (ALLEGRA) tablet 180 mg</b>	180 mg	PRN		Until discont'd
180 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction. <i>HOLD IF: given cetirizine.</i>				
<input type="checkbox"/> <b>methylprednisolone sodium succinate (SOLU-Medrol) IV 40 mg</b>	40 mg	PRN		Until discont'd
40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction				
<input type="checkbox"/> <b>ondansetron (ZOFTRAN) injection 4 mg</b>	4 mg	PRN		Until discont'd
4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose				
<input type="checkbox"/> <b>meperidine (DEMEROL) injection 25 mg</b>	25 mg	PRN		Until discont'd
25 mg, Intravenous, Once as needed, rigors Contraindicated in patients receiving MAO inhibitors within 14 days. Caution in renal or hepatic impairment: Reduce dose since accumulation of meperidine and its active metabolite (normeperidine) may occur.				