

Abatacept (Orencia) and golimumab (Simponi Aria) Order Set

= Optional Order = Routine Order (Cross out and initial **BULLETED ORDERS** that do not apply)

ORDERS

Date: _____ Time: _____ Diagnosis Code: (ICD-10) _____

Patient Name: _____ Date of Birth: _____ Weight: _____ (kg)

Allergies: _____

TB Test Result: _____ Date: _____ **Initial TB Test required prior to first dose. Any subsequent testing optional, and to be ordered and evaluated by provider.*

PRE-MEDICATIONS

Ensure that the patient has taken the following pre-medications, if any:

- Patient to take oral medications at home prior to admission
- Acetaminophen (Tylenol) 650 mg PO 30 minutes prior to each infusion. *(Maximum acetaminophen doses of 4000 mg in 24 hours from all combined sources.)*
- Diphenhydramine (Benadryl) 25 mg PO 30 minutes prior to each infusion
- Methylprednisolone (Solu-medrol) 40 mg IVP prior to each infusion.
- Famotidine – 20 mg, oral. Tab. Give prior to treatment.
- Famotidine – 20 mg, IV Push. Injection. Give prior to treatment.
- Other: _____

MEDICATIONS

- abatacept (Orencia) IVPB *(Select dose based on patient weight. These doses are only for treatment of Rheumatoid arthritis or Psoriatic arthritis. Patient to take oral medications at home prior to admission)*
 - Initial dose at 0, 2, and 4 weeks.
 - Maintenance therapy: IVPB every 4 weeks
 - 500 mg, Infuse over 30 minute(s), IVPB, As Indicated, for patient weight less than 60 kg. Comments: For pt weight less than 60 kg.
 - 750 mg, Infuse over 30 minute(s), IVPB, As Indicated, for patient weight 60 to 100 kg. Comments: For pt weight 60 to 100 kg.
 - 1,000 mg, Infuse over 30 minute(s), IVPB, Powder-1g, As Indicated, for patient weight greater than 100 kg. Comments: For pt weight greater than 100 kg.
- golimumab (Simponi Aria)
 - Initial dose: 2 mg/kg, IVPB at 0, 4, & 8 weeks.
 - Maintenance therapy: 2 mg/kg IVPB every 8 weeks.
 - Infuse over 30 minutes
 - Use less than or equal to 0.22 micron filter tubing
 - Vital signs as scheduled below: *(and as needed)*
 - initial
 - at start of infusion
 - at end of infusion

Treatment for adverse drug reactions: *(for mild to moderate infusion reaction)*

- Slow or stop infusion for 20 minutes
- Give:
 - Diphenhydramine (Benadryl) 25 mg slow IVP STAT (may repeat times 1)
 - Acetaminophen (Tylenol) 650 mg PO STAT, if not already given as a “premedication”. *(Maximum acetaminophen doses of 4000 mg in 24 hours from all combined sources.)*
 - Methylprednisolone (Solu-Medrol) 125 mg IVP STAT
 - Albuterol (Albuterol HFA) 2 puff(s), inhale. As indicated, PRN shortness of breath or wheezing. Dose range 1-2 puffs.
- Place O₂ PRN at 4 – 6 liters per nasal cannula STAT
- Vital signs with PO₂ every 5 minutes until stable
- Notify the physician of reaction. Request further orders as indicated.
- Complete adverse drug reaction PowerForm and document in the allergy profile for all drug reactions.

Provider Signature: _____ Date: _____

Provider Name and Credentials (please print): _____ Time: _____

Office Phone: _____ Office Fax: _____

