

SIMPONI ARIA® (golimumab) is indicated for the treatment of adults with moderately to severely active rheumatoid arthritis (RA) in combination with MTX, active psoriatic arthritis, and active ankylosing spondylitis

RA SYMPTOM UPDATE

HELPING YOU AND YOUR PATIENTS TALK OPENLY ABOUT MODERATELY TO SEVERELY ACTIVE RA



SELECTED IMPORTANT SAFETY INFORMATION

Serious and sometimes fatal side effects have been reported with SIMPONI ARIA® (golimumab), including infections due to tuberculosis, invasive fungal infections (eg, histoplasmosis), bacterial, viral, or other opportunistic pathogens. Prior to initiating SIMPONI ARIA® and periodically during therapy, evaluate patients for active tuberculosis and test for latent infection. Lymphoma, including a rare and fatal cancer called hepatosplenic T-cell lymphoma, and other malignancies can occur in adults and children, and can be fatal. Other serious risks include melanoma and Merkel cell carcinoma, heart failure, demyelinating disorders, lupus-like syndrome, hypersensitivity reactions, and hepatitis B reactivation. Prior to initiating SIMPONI ARIA®, test patients for hepatitis B viral infection. Please see related and other [Important Safety Information](#) on pages 5-6.

Simponi **ARIA**®
golimumab
for infusion

USING THE RA SYMPTOM UPDATE TOOL TO HELP ENCOURAGE PATIENT DIALOGUE

As a nurse, you are often in the front lines of patient care—responding to patients’ needs and concerns. You combine expert training and open communication for successful patient interactions daily.

The RA Symptom Update Tool from SIMPONI ARIA® provides nurses like you a quick and simple way to help engage patients—and encourage them to share meaningful feedback about their RA symptoms.

Before Using This Tool

Please make sure that you have completed your **preinfusion protocol** for SIMPONI ARIA®—including providing the [Medication Guide](#) and discussing it with the patient. Once you have determined that he or she is fit or able to receive the infusion, the tips below can help you make the most of this tool.



Starting the conversation

Speak with each patient and make sure to:

- Provide him or her a printout of the [My RA Symptom Update tool](#)
- Ask the patient to answer the 3 quick questions



Following up

Check the patient’s responses—and ask the [follow-up questions](#). The questions can help you:

- Gather information about the patient’s RA symptoms to help inform the rheumatologist
- Work with the patient on short-term goals and shared decision making



Following through

You can use each patient’s My RA Symptom Update sheets to:

- Share with the rheumatologist—to help make the physician aware of the patient’s progress and/or concerns
- Keep in the patient’s file folder to help inform future conversations
- Scan and include in the patient’s electronic medical record (EMR)

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My RA Symptom Update

Name: _____ Date: _____

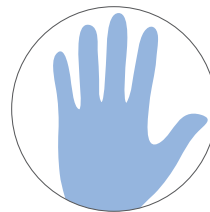
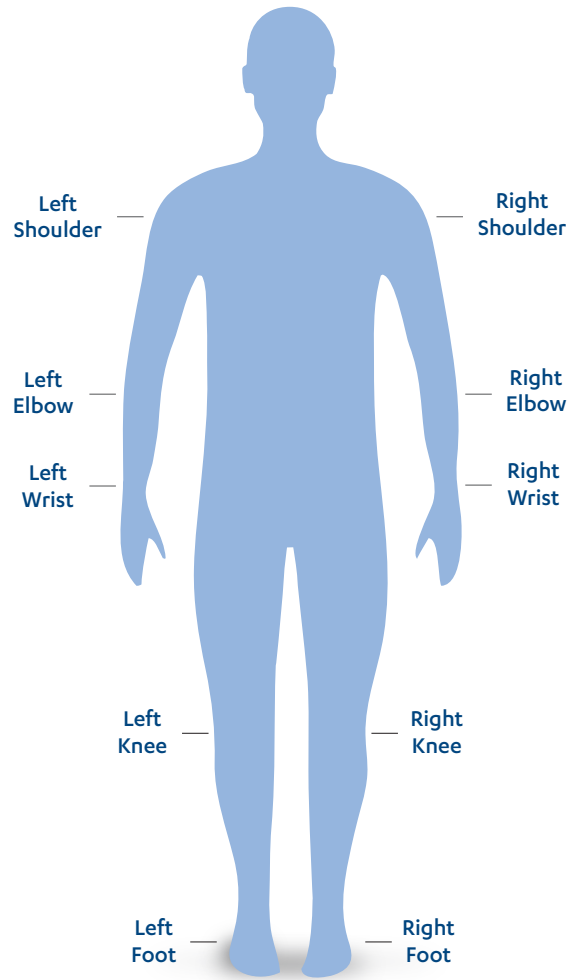
Please answer the questions below to help us understand how you are feeling.

1 Think back over the past 4 to 6 weeks. On the body map, circle any areas you would like to discuss with your doctor or nurse.

2 Please rate the improvement in your RA symptoms—such as joint pain, stiffness, and swelling—over the past 4 to 6 weeks (1=no improvement; 5=some improvement; 10=improved greatly).

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

3 Write down any changes you have noticed in your ability to do everyday activities.



Left Hand



Right Hand

Thank you. After answering the questions, please give this form back to your nurse.

For adults with moderate to severe rheumatoid arthritis (RA).

FOR NURSE USE ONLY

Follow-Up Questions

Based on their responses, these follow-up questions may help patients express what they are experiencing with their RA. It may also help you engage them in goal setting as they follow their treatment plan.

Ask Patient:	Answers/Notes
With your rating of [X], have you seen any difference in your ability to do your daily tasks or activities?	
Have you experienced any other changes in your overall health status, such as your physical or emotional well-being?	
Are there certain things that seem to make your symptoms better (or worse)?	
Goal Setting With Patient:	Answers/Notes
Over the next 3 months, what one activity or task would you like to be able to improve?	
What steps do you think we can take, together with your doctor, to help you reach that goal of improving [X]?	

IMPORTANT SAFETY INFORMATION

SERIOUS INFECTIONS

Patients treated with SIMPONI ARIA® (golimumab) are at increased risk for developing serious infections that may lead to hospitalization or death. Most patients who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids. Discontinue SIMPONI ARIA® if a patient develops a serious infection.

Reported infections with TNF blockers, of which SIMPONI ARIA® is a member, include:

- **Active tuberculosis (TB), including reactivation of latent TB. Patients frequently presented with disseminated or extrapulmonary disease. Test patients for latent TB before SIMPONI ARIA® use and during therapy. Initiate treatment for latent infection prior to SIMPONI ARIA® use.**
- **Invasive fungal infections, including histoplasmosis, coccidioidomycosis, candidiasis, aspergillosis, blastomycosis, and pneumocystosis. Patients with histoplasmosis or other invasive fungal infections may present with disseminated, rather than localized, disease. Consider empiric anti-fungal therapy in patients at risk for invasive fungal infections who develop severe systemic illness.**
- **Bacterial, viral, and other infections due to opportunistic pathogens, including Legionella and Listeria.**

Consider the risks and benefits of treatment with SIMPONI ARIA® prior to initiating therapy in patients with chronic or recurrent infection. Do not start SIMPONI ARIA® in patients with clinically important active infections, including localized infections. Closely monitor patients for the development of signs and symptoms of infection during and after treatment with SIMPONI ARIA®, including the possible development of TB in patients who tested negative for latent TB infection prior to initiating therapy, who are on treatment for latent TB, or who were previously treated for TB infection.

Risk of infection may be higher in patients greater than 65 years of age, patients with co-morbid conditions and/or patients taking concomitant immunosuppressant therapy. Other serious infections observed in patients treated with SIMPONI ARIA® included sepsis, pneumonia, cellulitis, and abscess.

MALIGNANCIES

Lymphoma and other malignancies, some fatal, have been reported in children and adolescent patients treated with TNF blockers, of which SIMPONI ARIA® is a member. Approximately half the cases were lymphomas, including Hodgkin's and non-Hodgkin's lymphoma. The other cases represented a variety of malignancies, including rare malignancies usually associated with immunosuppression and malignancies not usually observed in children or adolescents.

Malignancies occurred after a median of 30 months after the first dose of therapy. Most of the patients were receiving concomitant immunosuppressants.

In the controlled portions of clinical trials of TNF blockers including the subcutaneous formulation of golimumab, more cases of lymphoma have been observed among patients receiving anti-TNF treatment compared with patients in the control groups. In clinical trials, the incidence of malignancies other than lymphoma and non-melanoma skin cancer per 100 patient-years of follow-up was 0.56 (95% CI: 0.01, 3.11) in the SIMPONI ARIA® group compared with an incidence of 0 (95% CI: 0.00, 3.79) in the placebo group. Cases of acute and chronic leukemia have been reported with TNF-blocker use, including SIMPONI ARIA®. The risks and benefits of TNF-blocker therapy should be considered prior to initiating therapy in patients with a known malignancy or who develop a malignancy.

Postmarketing cases of hepatosplenic T-cell lymphoma (HSTCL), a rare type of T-cell lymphoma, have been reported in patients treated with TNF blockers. These cases have had a very aggressive disease course and have been fatal. Nearly all reported cases have occurred in patients with Crohn's disease or ulcerative colitis, and the majority were in adolescent and young adult males. Almost all of these patients had received treatment with azathioprine or 6-mercaptopurine concomitantly with a TNF blocker at or prior to diagnosis. A risk for the development for HSTCL in patients treated with TNF blockers cannot be excluded.

Melanoma and Merkel cell carcinoma have been reported in patients treated with TNF-blocking agents, including SIMPONI ARIA®. Periodic skin examination is recommended for all patients, particularly those with risk factors for skin cancer.

HEPATITIS B REACTIVATION

The use of TNF blockers, of which SIMPONI ARIA® is a member, has been associated with reactivation of hepatitis B virus (HBV) in patients who are chronic hepatitis B carriers. In some instances, HBV reactivation occurring in conjunction with TNF-blocker therapy has been fatal. The majority of these reports have occurred in patients who received concomitant immunosuppressants.

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IMPORTANT SAFETY INFORMATION (continued)

HEPATITIS B REACTIVATION (continued)

All patients should be tested for HBV infection before initiating TNF-blocker therapy. For patients who test positive for hepatitis B surface antigen, consult a physician with expertise in the treatment of hepatitis B before initiating TNF-blocker therapy. Exercise caution when prescribing SIMPONI ARIA® for patients identified as carriers of HBV and closely monitor for active HBV infection during and following termination of therapy with SIMPONI ARIA®. Discontinue SIMPONI ARIA® in patients who develop HBV reactivation, and initiate antiviral therapy with appropriate supportive treatment. Exercise caution when considering resumption of SIMPONI ARIA®, and monitor patients closely.

HEART FAILURE

Cases of worsening congestive heart failure (CHF) and new-onset CHF have been reported with TNF blockers, including SIMPONI ARIA®. Some cases had a fatal outcome. Exercise caution in CHF patients receiving SIMPONI ARIA® and monitor them closely during therapy. Discontinue SIMPONI ARIA® if new or worsening symptoms of heart failure appear.

DEMYELINATING DISORDERS

Use of TNF blockers, including SIMPONI ARIA®, has been associated with rare cases of new-onset or exacerbation of demyelinating disorders, including multiple sclerosis (MS) and Guillain-Barré syndrome. Cases of central demyelination, MS, optic neuritis, and peripheral demyelinating polyneuropathy have rarely been reported in patients treated with golimumab. Exercise caution in considering the use of SIMPONI ARIA® in patients with these disorders. Consider discontinuation if these disorders develop.

AUTOIMMUNITY

Treatment with TNF blockers, including SIMPONI ARIA®, may result in the formation of antinuclear antibodies. Rarely, treatment with TNF blockers may result in a lupus-like syndrome. Discontinue treatment if symptoms of a lupus-like syndrome develop.

USE WITH OTHER DRUGS

The concomitant use of a TNF blocker and abatacept or anakinra was associated with a higher risk of serious infections, therefore the use of SIMPONI ARIA® in combination with these products is not recommended. Care should be taken when switching from one biologic to another since overlapping biological activity may further increase the risk of infection. A higher rate of serious infections has also been observed in RA patients treated with rituximab who received subsequent treatment with a TNF blocker. The concomitant use of SIMPONI ARIA® with biologics approved to treat RA is not recommended because of the possibility of an increased risk of infection.

HEMATOLOGIC CYTOPENIAS

There have been reports of pancytopenia, leukopenia, neutropenia, agranulocytosis, aplastic anemia, and thrombocytopenia in patients receiving SIMPONI ARIA®. Exercise caution when using SIMPONI ARIA® in patients who have or had significant cytopenias.

VACCINATIONS/THERAPEUTIC INFECTIOUS AGENTS

People receiving SIMPONI ARIA® can receive vaccinations, except for live vaccines. Use of live vaccines could result in clinical infections, including disseminated infections. Administration of live vaccines to infants exposed to SIMPONI ARIA® *in utero* is not recommended for 6 months following the mother's last SIMPONI ARIA® infusion during pregnancy due to an increased risk of infection. It is recommended that therapeutic infectious agents not be given concurrently with SIMPONI ARIA® due to the possibility of clinical infections, including disseminated infections.

HYPERSENSITIVITY REACTIONS

Serious systemic hypersensitivity reactions (including anaphylaxis) have been reported following administration of the subcutaneous formulation of golimumab and SIMPONI ARIA®, some occurring after the first dose. Hypersensitivity reactions including hives, pruritus, dyspnea, and nausea, were reported in association with infusions of SIMPONI ARIA®. If an anaphylactic or other serious allergic reaction occurs, discontinue SIMPONI ARIA® immediately and institute appropriate therapy.

ADVERSE REACTIONS

The most serious adverse reactions were serious infections and malignancies.

The most common adverse reactions (incidence $\geq 3\%$) reported in clinical trials were: upper respiratory tract infection, alanine aminotransferase increase, viral infection, aspartate aminotransferase increase, neutrophil count decrease, bronchitis, hypertension, and rash. In the controlled phase of Trial RA, the rate of infusions associated with an infusion reaction was reported in 1.1% of SIMPONI ARIA® infusions compared with 0.2% of infusions in the control group.

Please see the full [Prescribing Information](#) and [Medication Guide](#) for SIMPONI ARIA®. Provide the [Medication Guide](#) to your patients and encourage discussion.

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