

INFUSION SUITE		NULOJIX INFUSION ORDERS	
Durango Infusion Center 270 E 8th Ave Ste N101 Durango, CO 81301		Phone: 970-828-3500	Fax: 970-828-3501
<b>PATIENT INFORMATION - Include Patient Demographics and Insurance Cards</b>			
Name:		DOB:	
<b>MEDICAL INFORMATION</b>			
ICD10:		Patient Height:	
Patient Weight (kg):		Allergies:	
*Weigh patient prior to each infusion			
<b>REQUIRED TESTING</b>			
<input type="checkbox"/> TB: _____	<input type="checkbox"/> EBV+ Antibody test: _____		
<b>Additional labs:</b>			
<input type="checkbox"/> Insert IV	<input type="checkbox"/> Access Port/PICC		
<b>PREMEDICATIONS 30 minutes prior to starting</b>			
<input type="checkbox"/> Acetaminophen:	<input type="checkbox"/> 325mg PO X1	<input type="checkbox"/> 500mg PO X1	<input type="checkbox"/> 650mg PO X1 <input type="checkbox"/> 1000mg PO X1
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IV X1	<input type="checkbox"/> 25mg PO X1	<input type="checkbox"/> 50mg IV X1 <input type="checkbox"/> 50mg PO X1
<input type="checkbox"/> Solumedrol:	<input type="checkbox"/> 40mg IV X1	<input type="checkbox"/> 100mg IV X1	<input type="checkbox"/> 125mg IV X1
<input type="checkbox"/> Antihistamine:	<input type="checkbox"/> Cetirizine 10mg PO X1 <input type="checkbox"/> Loratadine 10mg PO X1		
<input type="checkbox"/> Additional PRN:			
<b>NULOJIX ORDERS</b>			
<input type="checkbox"/> Nulojix 10mg/kg in _____ mL NS Day 1 (Transplantation day) and Day 5 (approx. 96 hours after Day1)			
<input type="checkbox"/> Nulojix 10mg/kg in _____ mL NS end of week 2 and week 4 after transplantation			
<input type="checkbox"/> Nulojix 10mg/kg in _____ mL NS end of week 8 and week 12 after transplantation			
<input type="checkbox"/> Nulojix 5mg/kg in _____ mL every 4 weeks starting end of week 16 after transplantation X _____			
*Dose must be divisible by 12.5			
Loading Total: _____ mg		Maintenance Total: _____ mg	
<b>*Infuse over 30 minutes</b>			
<b>POST INFUSION</b>			
<input type="checkbox"/> Flush IV line with 25mL NS at the same rate of infusion. D/C IV.			
<input type="checkbox"/> Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess			
<input type="checkbox"/> Discharge home after 1 hour observation time			
<b>Referring Provider Printed:</b>			
<b>Referring Provider Signature:</b>		<b>Date:</b>	
<b>Referring Provider Phone:</b>		<b>Referring Provider Fax:</b>	
<b>DNG Provider Printed:</b>			
<b>DNG Provider Signature:</b>		<b>Date:</b>	

**\*Credentials must be included**

**Infusion Directions:**

- Must be reconstituted/prepared using only the silicone-free disposable syringe provided with each vial.
- Reconstitute each vial with 10.5 mL using the syringe provided and an 18- to 21-gauge needle
- Diluents include: sterile water for injection, 0.9% sodium chloride (NS), or 5% dextrose in water (D5W)
- Direct the stream of diluent to the glass wall of the vial. Rotate the vial and invert with gentle swirling.
- Calculate the total volume of the reconstituted 25 mg/mL NULOJIX solution required
- Volume of 25 mg/mL NULOJIX solution (in mL) = Prescribed Dose (in mg) ÷ 25 mg/mL
- Withdraw a volume of fluid that is equal to the volume of the reconstituted solution
- With the silicone-free disposable syringe, withdraw the required amount of solution from the vial
- Administered over 30 minutes with a filtered infusion set (pore size of 0.2 to 1.2 µm)

<https://www.nulojixhcp.bmscustomerconnect.com/Materials>

**The prescribed dose of NULOJIX (belatacept) must be evenly divisible by 12.5 mg.**

**Evenly divisible increments are 0, 12.5, 25, 37.5, 50, 62.5, 75, 87.5, and 100.**

**For example:**

- A patient weighs 64 kg. The dose is 10 mg per kg.
- Calculated Dose:  $64 \text{ kg} \times 10 \text{ mg per kg} = 640 \text{ mg}$
- The closest doses evenly divisible by 12.5 mg below and above 640 mg are 637.5 mg and 650 mg
- The nearest dose to 640 mg is 637.5 mg.
- Therefore, the actual prescribed dose for the patient should be 637.5 mg