

**PATIENT INFORMATION / REFERRAL STATUS**

Referral Status:  New Referral  Updated Order  Order Renewal    Date: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 ICD-10 Code: \_\_\_\_\_ ICD-10 Description/Diagnosis: \_\_\_\_\_  
 Allergies:  NKDA    Allergies: \_\_\_\_\_    Weight: \_\_\_\_\_  lbs/ kg    Height: \_\_\_\_\_  
 Patient Status:  New to Therapy  Continuing Therapy    Last Treatment Date: \_\_\_\_\_    Next Due Date: \_\_\_\_\_

**PROVIDER / PRACTICE INFORMATION**

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
 Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Referral Coordinator Name: \_\_\_\_\_ Email: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

**REFERRING PROVIDER COMMUNICATIONS**

- I have reviewed the prescribing information and medication guide for Nulojix (belatacept).
  - Use only in patients who are Epstein-Barr virus (EBV) seropositive.
  - Tuberculosis screening prior to therapy initiation.
  - Increased susceptibility to infection and development of malignancies.
  - Live or live-attenuated vaccines should not be given during treatment.
  - Dose and frequency should not be modified during therapy unless there is a change in body weight of > 10% (may be adjusted per transplant team).

**NURSING PROTOCOL COMMUNICATIONS**

- Provide nursing care, vital signs, monitoring according to Memorial Outpatient Procedures. Establish/maintain IV access and administer medication as ordered. Remove peripheral IV access after infusion completion if applicable. Follow infusion-related/hypersensitivity reactions management according to MHS Outpatient Adverse Reaction Protocol available for review on at [mhs.net/services/pharmacy/infusion-services/outpatient-infusion](https://mhs.net/services/pharmacy/infusion-services/outpatient-infusion).
- Discharge/Follow-up instructions according to Memorial Outpatient Procedures.
  - Advise patient to contact their healthcare provider if they experience symptoms suggestive of TB (e.g., unexplained fever, cough, or difficulty breathing). Document TB status result & date in electronic health record.

**LABORATORY ORDERS**

- Antibody identification HLA single antigen class I & II, POST Tx (UM):** Every Visit
- BK virus quantitative, PCR:** Every Visit
- BKV quantitative, urine:** Every Visit
- CBC with Diff:** Every Visit
- Comprehensive Metabolic Panel:** Every Visit
- CMV quantitative PCR, plasma:** Every Visit
- EBV quantitative PCR, plasma:** Every Visit
- Magnesium:** Every Visit
- Phosphorus:** Every Visit
- Total protein/creat ratio, urine, random:** Every Visit
- Urinalysis with reflex microscopic:** Every Visit
- Urine culture:** Every Visit
- Cyclosporine level:** Every Visit
- Sirolimus level:** Every Visit
- Tacrolimus level:** Every Visit

**PRE-MEDICATION ORDERS (30-60 Minutes Prior to Therapy)**

- Acetaminophen (Tylenol) 650 mg PO
- Diphenhydramine (Benadryl)  25 mg  50 mg  PO  IV **OR**
  - Cetirizine (Zyrtec) or Loratadine (Claritin) 10 mg PO
- Methylprednisolone (Solu-Medrol)  40 mg  125 mg IV **OR**
  - Dexamethasone (Decadron)  8 mg  20 mg PO
- Other: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency/Timing: \_\_\_\_\_

**THERAPY PLAN**

**Medication Name:** Belatacept (Nulojix)

**Dose:**

- Loading Dose:** 10 mg/kg every 14 days x 2 doses after transplant
- Maintenance Dose:** 5 mg/kg every 4 weeks thereafter until discontinued
  - **Number of Doses:** \_\_\_\_\_

**Route:**  IV  SQ  IM

**Infuse over:**  30 minutes  1 Hour  2 Hours  Other: \_\_\_\_\_

**\*\*Diluent/Volume/Concentration/Special tubing/Filters will be in accordance with the product package insert.\*\***

- Flush with 0.9% sodium chloride at completion per protocol or medication-specific instructions

**Additional Administration Instructions:**

If patient receiving plasmapheresis, always give drug AFTER plasmapheresis. Administer through in-line low-protein-binding 0.2-micron filter. Administer in a separate infusion line from all other medications. Observe patient for at least 30 minutes for any signs or symptoms of infusion related reaction. Please contact provider if blood pressure greater than 160/90.

**Note to Pharmacy/Comments:**

\_\_\_\_\_  
\_\_\_\_\_

**Refills:**  Zero  for 12 months  Other: \_\_\_\_\_

*(if not indicated, order will expire one year from date signed)*

**IMAGING ORDER (IF DIFFICULT IV ACCESS)**

- Hospital performed ultrasound-guided PIV  
*(Imaging Center: as per insurance coverage)*

\_\_\_\_\_  
*Provider Name (Print)*

\_\_\_\_\_  
*Provider Signature*

\_\_\_\_\_  
*Date*

Observe patient for infusion related and hypersensitivity reactions such as fever, chills, rigors, pruritus, rash, cough, sneezing, throat irritation, nausea, vomiting.

### If reaction occurs:

- Stop infusion and assess patient.
- Maintain or establish vascular access if needed
- **Administer emergency medication(s) according to symptoms:**
  - ☒ Acetaminophen 650 mg PO once PRN headache, pain, fever >100.4F, chills or rigors.
  
  - ☒ Diphenhydramine 50 mg IV once PRN itching, allergies, infusion reaction, hives, pruritic and other nonspecific symptoms of allergic reaction **OR**
  - ☒ Diphenhydramine 50 mg IM once PRN itching, allergies, infusion reaction, hives, pruritic and other nonspecific symptoms of allergic reaction (if no IV access)
  
  - ☒ Dexamethasone 10 mg IV once PRN shortness of breath or wheezing **OR**
  - ☒ Dexamethasone 10 mg IM once PRN shortness of breath or wheezing (if no IV access)
  
  - ☒ Ondansetron 4 mg IV once PRN nausea, vomiting **OR**
  - ☒ Ondansetron 4 mg IM once PRN nausea, vomiting (if no IV access)
- May re-start therapy if appropriate when symptoms resolve. Resume infusion at 50% of the previous rate and increase per manufacturer's guidelines.

### If a severe allergic/anaphylactic reaction occurs

- Symptoms are rapidly progressing or continuing after administration of PRN medications and/or signs and symptoms of severe allergic/anaphylactic reaction (angioedema, swelling of the mouth, tongue, lips, or airway, dyspnea, bronchospasm with or without hypotension or hypertension)
  - ☒ Notify the Rapid Response / Rescue Alert Team / Blue Alert / 911.
  - ☒ Initiate BLS/ Cardiopulmonary resuscitation if necessary.
  - ☒ Administer Epinephrine 0.3 mg intramuscularly, every 5 MIN PRN rapidly progressing or continuing after administration of PRN medication or signs and symptoms of severe allergic/anaphylactic reaction. Administer every 5-15 minutes as needed preferably in the outer thigh.
  - ☒ Place the patient in a recumbent position, elevate lower extremities.
  - ☒ Continuously monitor vital signs (blood pressure, pulse oximetry, and heart rate).
  - ☒ Contact and notify the referring provider on the day of occurrence once patient is stabilized.
  - ☒ Document reaction in the medical record and complete an incident report once patient is stabilized.