

# NULOJIX® (BELATACEPT) PRESCRIBER ORDER FORM

Fax completed form, insurance information, and clinical documentation to:



Patient Name:

Date of Birth:

Address:

Phone:

Height: \_\_\_\_\_  inches  cm

Weight: \_\_\_\_\_  lbs  kg

## Clinical Information

Primary Diagnosis Description:

ICD-10 Code:

Is this the first dose?

Yes – date of first dose: \_\_\_\_\_

No – date of next dose due: \_\_\_\_\_

## Nulojix® (belatacept) Prescription

Nulojix® (belatacept) refill as directed x 1 year

- IV Regimen:  Induction Phase Dose: 10mg per kg IV infused over 30 minutes on \_\_\_\_\_ and then \_\_\_\_\_.
- Maintenance Phase Dose: 5mg per kg IV infused over 30 minutes every 4 weeks beginning \_\_\_\_\_.
- Other: \_\_\_\_\_

Dose will be rounded to the nearest 12.5mg increment. Will be administered by a healthcare professional.

## Ancillary Orders

### Anaphylaxis Kit

If this is a 1<sup>st</sup> infusion dose, would you like Option Care Health to provide an anaphylaxis kit with the 1<sup>st</sup> dose?

Yes  No

- Dosage:
- Epinephrine 0.3 mg (> 30 kg), 0.15 mg (15 to 30 kg), or 0.01 mg/kg (< 15 kg) SQ or IM x 1; repeat x 1 in 5 to 15 min PRN.
  - Diphenhydramine 25 mg (> 30 kg) or 1.25 mg/kg (≤ 30 kg – 25mg max dose) IV or IM; repeat x 1 in 15 min PRN no improvement.
  - Normal saline 500 mL (> 30 kg) or 250 mL (≤ 30 kg) IV at KVO rate PRN anaphylaxis. Patients ≤ 30 kg, infuse over 2 to 4 hours PRN headache rated > 5 on pain scale.

### Medication Orders

- Acetaminophen 650 mg PO 30 min before infusion, may repeat every 3 to 4 hours as needed for fever or mild discomfort. Patient may decline.
- Diphenhydramine 25 mg PO 30 min before infusion, may repeat every 4 to 6 hours as needed for mild to moderate allergic reactions. Patient may decline.
- Methylprednisolone Sodium Succinate 40 mg IV push 20 minutes prior to infusion.
- Other: \_\_\_\_\_

### IV Flush Orders

- Peripheral: NS 2 to 3 mL pre-/post-use.
- Implanted Port: NS 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw. Heparin (100 unit/mL) 3 to 5 mL post-use. For maintenance, heparin (100 unit/mL) 3 to 5 mL every 24 hr. if accessed or weekly to monthly if not accessed.

### Lab Orders

- No labs ordered at this time.
- Other: \_\_\_\_\_

Skilled nurse to administer doses intravenously in the home or alternate care setting. Refill above ancillary orders as directed x 1 year.

*I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.*

Prescriber Signature:

Date:

## Prescriber Information

Prescriber Name:

Phone:

Fax:

Address:

NPI:

City, State:

Zip:

Office Contact:

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