



**406
ARTHRITIS
CLINIC**

Get back to your 406 life!

INFUSION SUITE		NULOJIX INFUSION ORDERS	
406 Arthritis Clinic LLC		Phone: 406-345-0211	Fax: 747-205-0742
2409 Arnold Ln Ste 9 Billings, MT 59102			
PATIENT INFORMATION - Include Patient Demographics and Insurance Cards			
Name: _____		DOB: _____	
MEDICAL INFORMATION			
ICD10: _____		Patient Height: _____	
Patient Weight (kg): _____		Allergies: _____	
*Weigh patient prior to each infusion			
REQUIRED TESTING			
<input type="checkbox"/> TB: _____		<input type="checkbox"/> EBV+ Antibody test: _____	
Additional labs: _____			
<input type="checkbox"/> Insert IV		<input type="checkbox"/> Access Port/PICC	
PREMEDICATIONS 30 minutes prior to starting			
<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"/> Diphenhydramine:		<input type="checkbox"/> 25mg IVP X1 <input type="checkbox"/> 25mg PO X1 <input type="checkbox"/> 50mg IVP 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:		_____	
NULOJIX ORDERS			
<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	
*Infuse over 30 minutes			
POST INFUSION			
<input type="checkbox"/> Flush IV line with NS. D/C IV.			
<input type="checkbox"/> Flush port with 5-10mL 0.9% NS. Lock port with Heparin 10u/mL IVP (based of size port). De-access port.			
<input type="checkbox"/> Discharge home after 1 hour observation time			
Referring Provider Printed: _____			
Referring Provider Signature: _____		Date: _____	
Referring Provider Phone: _____		Referring Provider Fax: _____	
406 Provider Printed: _____			
406 Provider Signature: _____		Date: _____	

**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