

Belatacept (Nulojix) – Maintenance Infusion Therapy Plan Orders

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Name: _____

Kaiser Permanente Member I.D. # _____

Date of Birth _____

Instructions to Provider

Review orders and note any changes. All orders with will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers at the end of this protocol). Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

Please complete all of the following:

- Pre-Service Authorization** has been obtained by Kaiser Permanente **Fax:** 1-888-282-2685 **Voice:** 1-800-289-1363
- Nulojix Distribution Program enrollment verification and Patient ID number:**

Order Date: _____

Weight: _____ kg (at time of transplant)

Diagnosis:

ICD-10 code (REQUIRED): Z94.O or _____

ICD-10 description Kidney Transplant Status or _____

General Plan Communication

- Maintenance Schedule: End of Week 16 post kidney transplant and every 4 weeks (plus or minus 3 days) thereafter
- Special instructions/notes: _____

Provider Information

- FDA REMS Program for belatacept
 - Provider and patient should be made aware of and monitor for the increased risk of post-transplant lymphoproliferative disorder (PTLD) predominately in the CNS and progressive multifocal leukoencephalopathy (PML).
 - Patient Medication Guide must be given to each patient at every infusion (see link below)
 - http://packageinserts.bms.com/medguide/medguide_nulojix.pdf
 - Ensure patient is Epstein-Barr virus (EBV) seropositive prior to initiation of therapy.
- Ensure baseline PPD or quantiFERON Gold blood test completed and read as negative within the past year.
- Regular monitoring for TB and infection. Prophylaxis against opportunistic infection as per kidney transplant standard protocol.
- Patient is Age 18 or older. Dosing guidelines for adults:

Belatacept maintenance dose 5 mg/kg (dose rounded to the nearest 12.5 mg increment)*

*If actual body weight at time of infusion has changed > 10% from actual body weight at time of transplantation, pharmacist will notify provider to confirm dose change.

belatacept (NULOJIX) in 0.9% sodium chloride 100 mL IV infusion

Maintenance Dose: 5 mg/kg = _____ mg – round dose to nearest 12.5 mg increment.
Use actual body weight.

Route: Intravenous

Frequency: **Every 4 weeks for _____ doses 28 days apart (MUST be within 25 to 31 days of last infusion)**

Infuse over: 30 minutes

If infusion-related reaction:

- 1) STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) Notify MD

Note any changes to above regimen: _____

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

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IV Line Care

- Administer with an infusion set and a sterile, non-pyrogenic, low-protein-binding filter (with a pore size of 0.2-1.2 µm).
- 0.9% sodium chloride infusion 250 mL
Rate: 30 mL/hr Route: Intravenous Frequency: Run continuously to keep vein open
 Start peripheral IV if no central line

Infusion Reaction Meds

- albuterol (PROVENTIL) nebulizer solution 0.083%
Dose: 2.5 mg Route: Nebulization Frequency: PRN for shortness of breath/wheezing
- diphenhydrAMINE (BENADRYL) injectable
Dose: 25 mg Route: Intravenous Frequency: Once PRN, May repeat x1 for urticaria, pruritus, shortness of breath. May repeat in 15 minutes if symptoms not resolved.
- EPINEPHrine (EpiPen) 0.3 mg/0.3 mL IM Auto-Injector
Dose: 0.3 mg Route: Intramuscular Frequency: Once PRN for anaphylaxis. Inject into lateral thigh and hold for 10 seconds. Massage the injected area. Use for patients weighing greater than 27.3 kg (60 lbs). Use amp and 1.5 inch needle for patients with BMI greater than 30. Notify physician if administered.
- MethylPREDNISolone Sod Succ (PF) Inj 125 mg (SOLU-Medrol PF).
Dose : 125 mg Route : IV push Frequency: Once PRN for hypersensitivity reaction. Notify MD upon giving medication.

Lab Review for Nursing

When labs are available in Epic:

- Ensure CBC with manual diff, CMP, PO4, Mag have been drawn within the last 4 weeks.
- If labs have not been drawn within 4 weeks, draw required labs in the infusion center then proceed with infusion.
- Draw quantiFERON-TB Gold blood test prior to infusion if greater than 10 months since last TB status has been verified.
- If patient is more than 8 weeks overdue for labs, hold infusion and notify provider.

Nursing Orders

- Verify PPD or quantiFERON-TB Gold for latent TB results are negative for TB within the last year.
- Pre-Infusion checklist must be completed and scanned into patient's chart with each infusion.
- If patient answers positively during symptoms check, page ordering provider, call Nephrology clinic at 206-326-3587 or Nephrologist on-call.
- REMS alert – Medication Guide must be given to patient before EVERY infusion.
- Discontinue IV line when therapy complete and patient stabilized.
- Monitor and record pre- and post- infusion vital signs.

References

- NULOJIX® Full Prescribing Information.

Kaiser Permanente Infusion Locations

Bellevue Medical Center
 11511 NE 10th St, Bellevue, WA 98004
 Fax: 425-502-3811 Phone: 425-502-3820

Capitol Hill Medical Center
 201 16th Ave E, Seattle WA 98112
 Fax: 206-326-3624 Phone: 206-326-3180

Everett Medical Center
 2930 Maple St, Everett, WA 98201
 Fax: 425-261-1578 Phone: 425-261-1566

Olympia Medical Center
 700 Lilly Road N.E., Olympia, WA 98506
 Fax: 360-923-7609 Phone: 360-923-7600

Riverfront Medical Center – Spokane
 W 322 North River Drive, Spokane, WA 99201
 Fax: 509-434-3184 Phone: 509-324-6464

Silverdale Medical Center
 10452 Silverdale Way NW, Silverdale, WA 98383
 Fax: 360-307-7421 Phone: 360-307-7316

Tacoma Medical Center
 209 Martin Luther King Jr Way, Tacoma, WA 98405
 Fax: 253-596-3351 Phone: 253-596-3350

Provider Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____