

PHYSICIAN ORDER SET :
**BELATACEPT CONVERSION (GREATER THAN 6 MONTHS FROM
TRANSPLANT)**

CDH 208-255 – Approved - Page 1 of 4

Patient: _____ DOB: _____ Gender: _____
Patient Phone #: _____ Height: _____ Weight: _____
Diagnosis: _____ ICD-10 Code: _____
Treatment Start Date: _____
Provider Facility Name: _____ Provider Facility Address: _____
Ordering Provider: _____ Date: _____
Signature: _____

Complete, Sign, and fax this document to: **CDH Central Scheduling at 413-582-2183**

****Please include H&P/current medications list/allergies, and ensure that med authorizations have been obtained****

Criteria to Treat

☐ **Criteria to Treat**

If patient's current weight has changed more than 10% from their Day 0 dosing
weight contact provider to discuss adjusting dose

Interval Defer Until Duration

Every visit

Communication Orders

☐ **Provider Communication**

Routine, Until discontinued, Starting when released, Until Specified
Risk of Post-Transplant Lymphoproliferative Disorder. Use in EBV seropositive patients only. Do not use in tx recipients who are EBV
seronegative or with serostatus.

Interval Defer Until Duration
Every visit Every visit

Medications

☐ **Provider and Nurse Communication**

Routine, Until discontinued, Starting when released, Until Specified
Day 0 – may be administered inpatient or in clinic.
IF PATIENT RECEIVED DAY 0 INPATIENT, UNSELECT DAY 0 ORDER BELOW

Interval Defer Until Duration
1 time per week 1 time per week



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CDH 208-255 – Approved - Page 2 of 4

☐ **Weight Type Used to Calculate Dose (Please Circle One):**

1 time per
week

1 time per
week

Weight Type: Recorded Weight Ideal Weight Dosing Weight Order-Specific Weight

- ☐ **belatacept (NULOJIX) 10 mg/kg in sodium chloride 0.9% 100 mL IVPB**
10 mg/kg, Intravenous, Administer over 30 Minutes, Once, Starting at treatment start time, For 1 dose
DAY 0.
Use 0.2 – 1.2 micron filter when infusing this preparation.

Once

1 treatment

- ☐ **belatacept (NULOJIX) 5 mg/kg in sodium chloride 0.9% 100 mL IVPB**
5 mg/kg, Intravenous, Administer over 30 Minutes, Once, Starting at treatment start time, For 1 dose
DAY 14, DAY 28, DAY 42, DAY 56
Use 0.2 – 1.2 micron filter when infusing this preparation.

Every 2
weeks

2 treatments

- ☐ **belatacept (NULOJIX) 5 mg/kg in sodium chloride 0.9% 100 mL IVPB**
5 mg/kg, Intravenous, Administer over 30 Minutes, Once, Starting at treatment start time, For 1 dose
DAY 84 and every 4 weeks.
Use 0.2 – 1.2 micron filter when infusing this preparation.

Every 4
weeks, at
least 25
days apart

Until
discontinued

Labs

Interval

Defer Until

Duration

☐ **Provider and Nurse Communication**

Routine, As needed, Starting when released, Until Specified

The provider may have ordered HLA labs to be drawn. Check Order Review and release and draw HLA labs, if ordered.

Catheter Management

Interval

Defer Until

Duration

☐ **Line Access**

PRN

PRN

Routine, Once Starting when released, Until Specified

As needed. Until Specified. Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment

☐ **alteplase (CATHFLO) 1mg/mL injection 2 mg**

PRN

PRN

2 mg, Intracatheter, As needed, line care, Starting when released. For central venous access device requiring clearance. May repeat once per lumen.

For patients greater than 30 kg: 2 mg in 2 mL using a 10 mL syringe.

For patient less than or equal to 30 kg: instill a volume equal to 110% of the internal lumen of CVAD, not to exceed 2 mg in 2 mL.

☐ **lidocaine-prilocaine (EMLA) cream**

PRN

PRN

PHYSICIAN ORDER SET :
BELATACEPT CONVERSION (GREATER THAN 6 MONTHS FROM TRANSPLANT)

CDH 208-255 – Approved - Page 3 of 4

Topical, As needed, apply prior to the PIV insertion or port access, Starting when released. For TOPICAL Use only. Allow at least 1 hour (mild dermal procedures) or at least 2 hours (major dermal procedures) for optimum therapeutic effect.

<input type="checkbox"/> heparin (PF) 100 unit/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Starting when released	PRN	PRN
<input type="checkbox"/> heparin (PF) 10 unit/mL flush 3 mL 3 mL, Intravenous, As needed, line care, Starting when released	PRN	PRN
<input type="checkbox"/> heparin (PF) 10 unit/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Starting when released	PRN	PRN
<input type="checkbox"/> heparin (PF) 1000 unit/mL catheter injection 2 mL 2 mL, Intracatheter, As needed, APHERESIS LINE CARE ONLY. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER, Starting when released	PRN	PRN
<input type="checkbox"/> sodium chloride (NS) 0.9% syringe flush 3 mL 3 mL, Intravenous, As needed, line care, Starting when released.	PRN	PRN
<input type="checkbox"/> sodium chloride (NS) 0.9% syringe flush 10 mL 10 mL, Intravenous, As needed, line care, Starting when released.	PRN	PRN
<input type="checkbox"/> sodium chloride (NS) 0.9% syringe flush 20 mL 20 mL, Intravenous, As needed, line care, Starting when released.	PRN	PRN
<input type="checkbox"/> sodium chloride 0.9% infusion 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released, For 24 hours	PRN	PRN
<input type="checkbox"/> D5W infusion 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment Starting when released, For 24 hours	PRN	PRN

Emergency Medications/Anaphylaxis

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine, Once, Starting when released. Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.	PRN		PRN
<input type="checkbox"/> EPINEPHrine (ADRENALIN) injection 0.3 mg 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting when released For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 equivalent to 1 mg/mL	PRN		PRN
<input type="checkbox"/> sodium chloride 0.9% bolus 1,000 mL 1,000 mL, Intravenous, Once as needed, Hypotension, Starting when released, For 1 dose	PRN		PRN
<input type="checkbox"/> Oxygen Therapy – Non-Rebreather Routine Select a Mode of Therapy: Non-Rebreather Titrate Oxygen and use the most appropriate device to maintain Target Oxygen saturation during Activity/Titration: Yes Min SpO2 (%): 94	PRN		PRN

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BELATACEPT CONVERSION (GREATER THAN 6 MONTHS FROM TRANSPLANT)

CDH 208-255 – Approved - Page 4 of 4

Hypersensitivity

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine, Until discontinued, Starting when released, Until Specified Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medication as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		PRN
<input type="checkbox"/> albuterol (ACCUNEb) 1.25 mg/3 mL nebulizer solution 2.5 mg 2.5 mg, Nebulization, Once as needed, wheezing, shortness of breath, Starting when released, For 1 dose	PRN		PRN
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 975 mg 975 mg, Oral, Once as needed, fever, Starting at treatment start time, For 1 dose	PRN		PRN
<input type="checkbox"/> diphenhydramine (BENADRYL) injection 25 mg 25 mg, Intravenous, As needed, itching hives or adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 2 doses Begin with 25 mg. If patient has continued reaction, administer additional 25 mg.	PRN		PRN
<input type="checkbox"/> methylprednisolone sodium succinate (PF) (SOLU-Medrol) injection 40 mg 40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose. To be administered along with H1 antihistamine and methylprednisolone.	PRN		PRN
<input type="checkbox"/> famotidine (PEPCID) 20 mg in sodium chloride 0.9% 100 mL IVPB 20 mg, Intravenous, Administer over 15 Minutes, at 400 mL/hr, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose. To be administered along with H1 antihistamine and methylprednisolone. HOLD IF: given as premed.	PRN		PRN
<input type="checkbox"/> ondansetron (PF) (ZOFran) injection 4 mg 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting when released, For 2 doses	PRN		PRN
<input type="checkbox"/> cetirizine (ZyrTEC) tablet 10 mg 10 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose. If patient unable to tolerate cetirizine, administer fexofenadine if available. HOLD IF: given fexofenadine.	PRN		PRN
<input type="checkbox"/> fexofenadine (ALLEGRA) tablet 180 mg 180 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose. Administer only if unable to tolerate cetirizine. HOLD IF: given cetirizine.	PRN		PRN