



### Nulojix (belatacept) Infusion Order Form

**Patient Information**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

Allergies: \_\_\_\_\_

New Treatment     Continuing Treatment    Last Treatment Date: \_\_\_\_\_    Next Due Date: \_\_\_\_\_

**Diagnosis and ICD 10 Code (Required)**

Kidney transplant status                      ICD 10 Code: Z94.0

**Required Labs**

TB/QuantiFERON (within 12 months & attach results)

EBV Antibody Profile & Date: \_\_\_\_\_

Most recent CBC & CMP (attach results)

**Pre-Medication Orders**

Acetaminophen (Tylenol)     500mg     650mg     1000mg     PO

Diphenhydramine (Benadryl)     25mg     50mg     PO     IV

Methylprednisolone (Solu-Medrol)     125mg     IV

Ondansetron (Zofran)     4mg     8mg     PO     IV

Other: \_\_\_\_\_    Route: \_\_\_\_\_

Dose: \_\_\_\_\_    Frequency: \_\_\_\_\_

**Nursing**

Provide nursing care per Smart Infusion Nursing Procedures, Including reaction management and post-procedure observation.

**Special Instructions / Notes**

**Provider Information**

Provider Name: \_\_\_\_\_    Provider NPI: \_\_\_\_\_

Office Phone: \_\_\_\_\_    Office Fax: \_\_\_\_\_

Provider Signature: \_\_\_\_\_    Date: \_\_\_\_\_

**Nulojix Medication Order**

**Patient Weight:** \_\_\_\_\_ KG

**Dosage**

10mg/kg IV     5mg/kg IV

Other: \_\_\_\_\_  
(dose prescribed must be evenly divisible by 12.5)

**Frequency**

Day 1, Day 5, end of week 2, end of week 4, end of week 8, end of week 12

Maintenance end of week 16 and every 4 weeks thereafter

Other \_\_\_\_\_

**Required Documents**

Patient Demographic Sheet

H & P within the past 6 months

Current Medication List

Clinical & Progress Notes (including last infusion note)

Copy of Insurance Card (Front/Back)

**Location**

Eau Claire     Weston     Middleton