



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

Other: _____ ICD 10 Code: _____

Required Tests (within 12 months & attach results)

TB/QuantIFERON Status & Date: _____

EBV Antibody Profile & Date: _____

Required Labs (within 3 months & attach results)

CBC Results _____

CMP Results _____

Other: _____

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

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 and Progress Notes

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____