

PRESCRIPTION ORDER FORM

NULOJIX (belatacept)



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PATIENT DEMOGRAPHICS

Patient Name: Patient's Phone Number: Date of Birth: Address: Allergies: See List [] NKDA [] City, State, Zip: Weight: _____ lbs or _____ kg Patient's Email:

REQUIRED DOCUMENTATION

- Insurance Card History & Physical Patient Demographics Most Recent Labs Medication List Neg TB Results REMS Pat # _____ Positive Epstein-Barr (EBV) serology

PRIMARY DIAGNOSIS

[] Z94.0 Kidney transplant status [] Z48.22 Encounter for aftercare following kidney transplant [] Other: _____

ORDERS: PLEASE INCLUDE FREQUENCY

[] CBC w/ diff & ANC: _____ [] LFT's at month 2 then every 3 months after [] Other: _____

PRE-MEDICATIONS (15 - 20 MINS BEFORE INFUSION)

[] Diphenhydramine 25mg PO or IVP & 50mg PO or IVP [] Cetirizine 10mg PO [] Pepcid 20mg PO or IVP [] Solu-Medrol 40mg IVP [] Solu-Cortef 100mg IVP [] Tylenol 650mg PO [] Other: _____

PRIMARY MEDICATION ORDER

[] Induction: Nulojix 10mg/kg (fixed dose _____ mg) IV on days 1, 4, 14, then monthly x3 doses Infuse over 30 mins [] Maintenance: Nulojix 5mg/kg (fixed dose _____ mg) IV monthly Infuse over 30 mins ***Calculated dose will become fixed dose throughout treatment, based on actual body weight at time of transplant unless otherwise specified ***Patient weight at time of transplant: _____ kg First Dose: [] Y [] N [x] Refill x12 months unless otherwise noted: _____

LINE USE/CARE ORDERS

[x] Start PIV/ACCESS CVC [x] Flush device per Suite Life Health's protocol (See suitelifehealth.com for detailed policy) [] Other Flush Orders: Please fax other line care orders if checking this box

ADVERSE REACTION & ANAPHYLAXIS ORDERS

[x] Administer acute infusion and anaphylaxis medications per Suite Life Health's protocol (See suitelifehealth.com for detailed policy) [] Other: Please fax other reaction orders if checking this box

PROVIDER INFORMATION: PLEASE CHECK PREFERRED FORM OF COMMUNICATION

Provider Name: Office Contact: Address: Phone: City, State, Zip: [] Fax: NPI AND License: [] Email:

Provider Signature

Date

