

Nulojix (Belatacept) Infusion Order

PatientName: _____ DOB: _____ Male Female

Diagnosis (please provide ICD10 code): _____

Other: _____

NKDA Allergies: _____

New Therapy Order Continuation of Therapy Date of last dose: _____

Ordering Provider Name: _____

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

Pre-Medication

- Acetaminophen _____mg by PO
- Cetirizine _____mg by PO
- Diphenhydramine _____mg by PO/ IVP
- Solu-Medrol _____mg by PO/ IVP
- Solu-Cortef _____mg by PO/ IVP
- Other: _____

Required Documentation:

- Patient Demographics
- Patient Insurance (med and pharm card copies, front and back)
- Progress Notes/Labs supporting diagnosis
- Date of kidney transplant: _____
- Patient's Nulojix ID # _____
- EBV Serology
- Other: _____

Nulojix is a weight based drug:

Patient Height (cm): _____ Patient Weight (kg): _____

Nulojix Medication Order (Please select ONE):

- IV Induction dosing on the day of transplantation, prior to implantation, 96 hours after first dose, end of week 2 and 4 after transplantation, end of week 8 and week 12 after transplantation.
 - Dosing (Please choose one)
 - 10 mg/kg
 - Other: _____
 - Maintenance Dosing at the end of week 16, and every 4 weeks thereafter (Please choose one)
 - 5 mg/kg
 - Other: _____
- Maintenance dosing every 4 weeks only
 - Dosing (Please choose one)
 - 5 mg/kg
 - Other: _____

Notify referring MD immediately if the patient's weight on the day of infusion differs by 10% from initial weight listed here. Round all weight-based doses to the nearest 12.5 mg.

<p>Additional Instructions/Notes:</p> 	<p>Patient IV Access</p> <ul style="list-style-type: none"> <input type="checkbox"/> PIV <input type="checkbox"/> Use patient's SL/DL PICC, flush per protocol <input type="checkbox"/> Access/deaccess patient's Port, flush per protocol *Imaging results of proper placement required for PICC/Port
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Ordering Provider:

Signature: _____ Date: _____

Provider: _____ Phone: _____ Fax: _____

Best Contact Person in Office: _____ Phone: _____

Locations:

- Skokie, IL: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
- Libertyville, IL: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
- Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400