INFUSACARE
www.infusacare.com

Nulojix (Belatacept) Infusion Order

Patient Name: 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.

Additional Instructions/Notes:

Patient IV Access

□ PIV

□ Use patient's SL/DL PICC, flush per protocol

□ Access/deaccess patient's Port, flush per protocol

*Imaging results of proper placement required for PICC/Port

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

□ *Orland Park, IL*: 16612 107th Ct, Ste B. P: 847-324-6800. F: 224-251-7141

□ *Houston, TX*: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400