

NULOJIX (belatacept)

Status	<input type="checkbox"/> New Therapy	<input type="checkbox"/> Order Renewal	<input type="checkbox"/> Dosage or Frequency Change
Diagnosis	<input type="checkbox"/> ICD 10: Code: Z94.0	Kidney Transplant Status	
	<input type="checkbox"/> ICD 10 Code: _____	Other: _____	
Pertinent Medical Hx	Transplant Date: _____ Weight on Transplant: _____ lbs/kg (circle one)		
	Epstein-Barr (EBV) Serostatus & Date: _____ TB Status & Date: _____		
Labs	Labs to be drawn by: <input type="checkbox"/> Infusion Clinic <input type="checkbox"/> Referring Physician		
	If Infusion Clinic: _____		
Premeds	<input type="checkbox"/> No premeds necessary <input type="checkbox"/> Other: _____		
IV Fluids	<input type="checkbox"/> NS TKO <input type="checkbox"/> Other: _____		
Medication Order	Nulojix dose to be based on actual body weight at time of transplant (unless >10% change)		
	<input type="checkbox"/> Induction: Nulojix 10mg/kg IV on days 1, 4, 14, then monthly x 3 doses.		
	<input type="checkbox"/> Maintenance: Nulojix 5mg/kg IV monthly		
	Refills: <input type="checkbox"/> x 1 year <input type="checkbox"/> x _____ doses <input type="checkbox"/> No refills; give this dose only.		
Monitoring	Monitor for signs/symptoms of hypersensitivity during infusion and 15 mins post-infusion. For any signs of infusion reaction: STOP infusion. Contact on-site provider for instruction.		

Additional Orders

Physician Information	Physician Name	_____	NPI	_____
	Office Contact	_____	Phone	_____
	Provider Signature:	_____	Date	_____

REQUIRED DOCUMENTATION	
<input type="checkbox"/> Patient Demographics & Insurance Information:	- Copy of patient's insurance card – front and back
<input type="checkbox"/> Clinical / Progress Notes, supporting primary diagnosis:	- 2 most recent office notes - Medication history
<input type="checkbox"/> Most Recent Labs:	- CMP and CBC - TB screening (PPD, QFT Gold or TSpot) - Epstein-Barr virus (EBV) serology

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