Fax: 832-895-4040 Phone: 832-895-5000

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Nulojix (Belatacept)

Provider Order Form rev. 4/10/2022					
PATIENT INFORMATION	Referral Status (check one):	☐ New Referral	☐ Updated Orde	r 🗆 Order Renewal	
Patient Name:			DOB:		
NKDA Allergies:	Weight	Please specify	y: □lbs □kg	Height:	
Patient Status (check one): \square New to Therapy \square Continuing Therapy	Last Treatment Da	te:	Next Due Date:		
ICD-10 code (required): ICD-10 c	description:				
REQUIRED: Demographics & Most Recent: H&P, clinic past tried and/or failed therapies, intolerance				any	
PRESCRIPTION					
NURSING ☐ TB status & date (list results here & attach clinicals)	☐ Belatacept	THERAPY ADMINISTRATION Belatacept (Nulojix) in 0.9% sodium chloride, intravenous infusion, administer with 0.2-1.2 micron filter • □ 10mg/kg Day 1, Day 5, end of week 2, 4, 8 and 12 (Please indicate if patient has received any previous infusions) • □ 5mg/kg end of week 16 and every 4 weeks thereafter • Prescribed doses must be evenly divisible by 12.5mg • Final concentration should range from 2mg/ml to 10mg/ml • Administer over 30 minutes □ Flush with 0.9% sodium chloride at infusion completion □ Patient required to stay for 30-min observation □ Refills: □ Zero / □ for 12 months / □ [if not indicated order will expire one year from date signed]			
Provide nursing care per AdaptIV Infusion Nursing Procedures, incl reaction management and post-procedure observation PRE-MEDICATION ORDERS	luding • □ 10mg patient • □ 5mg/				
 □ acetaminophen (Tylenol) □ 500mg □ 650mg □ 1000mg PC □ cetirizine (Zyrtec) 10mg PO □ loratadine (Claritin) 10mg PO □ diphenhydramine (Benadryl) □ 25mg □ 50mg □ PO □ l' 	AdminisFlush wi				
 □ methylprednisolone (Solu-Medrol) □ 40mg □ 125mg IV □ hydrocortisone (Solu-Cortef) □ 100mg IV □ Other: 	☐ Patient requ☐ Refills: ☐ Ze				
Dose: Route: Frequency:					
* NULOJIX is contraindicated in transplant recipients who are Epstein-Bavirus (EBV) seronegative or with unknown EBV serostatus due to the right of post-transplant lymphoproliferative disorder (PTLD), predominantly involving the central nervous system (CNS).	risk				
SPECIAL INSTRUCTIONS					
PROVIDER INFORMATION					
Referral Coordinator Name:	Referral Coordinat	Referral Coordinator Email:			
Ordering Provider:	Provider NPI:	Provider NPI:			
Referring Practice Name:	Phone:	Fax	x:		
Practice Address:	City:	Sta	ate: Zip Coo	de:	
Provider Name (Print) Provider Signatu	ure		Date		