

Belatacept (Nulojix)

Provider Order Form rev. 3/25/2022



PATIENT INFORMATION

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	
Patient Status: <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy	Next Due Date (if applicable):	

PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

NURSING

- TB status and date (results) _____
 - Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation
- NOTE:** IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 09.07.2021)

LABORATORY ORDERS

- CBC at each dose every _____
- CMP at each dose every _____
- CRP at each dose every _____
- Other: _____

PRE-MEDICATION ORDERS

- acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO
 - cetirizine (Zyrtec) 10mg PO
 - loratadine (Claritin) 10mg PO
 - diphenhydramine (Benadryl) 25mg / 50mg PO / IV
 - methylprednisolone (Solu-Medrol) 40mg / 125mg IV
 - hydrocortisone (Solu-Cortef) 100mg IV
 - Other: _____
- Dose: _____ Route: _____
- Frequency: _____

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 the completion of infusion
- Patient is required to stay for 30-minute observation period
- Patient is NOT required to stay for observation time
- Refills: Zero / for 12 months / _____ (if not indicated order will expire one year from date signed)

SPECIAL INSTRUCTIONS

*NULOJIX is contraindicated in transplant recipients who are Epstein-Barr virus (EBV) seronegative or with unknown EBV serostatus due to the risk of post-transplant lymphoproliferative disorder (PTLD), predominantly involving the central nervous system (CNS).

Provider Name (Print)	Provider Signature	Date
-----------------------	--------------------	------

FAX NUMBERS	<input type="checkbox"/> CHICAGO: 312-253-7244	<input type="checkbox"/> INDIANAPOLIS: 844-983-2028	<input type="checkbox"/> PHILADELPHIA: 844-820-9641	<input type="checkbox"/> WEST TN/AR: 888-615-1445
<input type="checkbox"/> BAY AREA: 844-889-0275	<input type="checkbox"/> COLUMBUS: 844-627-2675	<input type="checkbox"/> JACKSONVILLE: 904-212-2338	<input type="checkbox"/> RALEIGH: 919-287-2551	<input type="checkbox"/> MIDDLE TN: 888-615-1445
<input type="checkbox"/> CHARLOTTE: 336-663-0143	<input type="checkbox"/> DAYTONA: 386-259-6096	<input type="checkbox"/> KANSAS CITY: 844-900-1292	<input type="checkbox"/> SARASOTA: 941-870-6550	<input type="checkbox"/> EAST TN: 615-425-7427
<input type="checkbox"/> CINCINNATI: 844-946-0868	<input type="checkbox"/> HARRISBURG: 844-859-4235	<input type="checkbox"/> ORLANDO: 844-946-0867	<input type="checkbox"/> SOUTHWEST FL: 813-283-9144	
	<input type="checkbox"/> HARTFORD: 860-955-1532	<input type="checkbox"/> PALM BEACH: 561-768-9044	<input type="checkbox"/> TAMPA: 844-946-0849	