

Belatacept (Nulojix)

Provider Order Form rev. 12/13/23



PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight (lbs/kg):	Height:
Patient Status: <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy	Last Treatment Date:	Next Due Date:
<input type="checkbox"/> Provider has initiated patient's unique identification number (PAT)	Pre-Transplant Weight (lbs/kg):	
PAT Number (if available):		

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 & date (list results here & attach clinicals)
- ☒ 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 05.01.2023)

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: _____

SPECIAL INSTRUCTIONS

LABORATORY ORDERS

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

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 is required to stay for 30-minute observation
- ☐ Refills: ☐ Zero / ☐ for 12 months / ☐ _____ (if not indicated order will expire one year from date signed)

*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"/> AUSTIN: 512-772-2824	<input type="checkbox"/> CONNECTICUT: 860-955-1532	<input type="checkbox"/> INDIANAPOLIS: 844-983-2028	<input type="checkbox"/> NORTH CENTRAL FL: 352-756-4191	<input type="checkbox"/> RALEIGH: 919-287-2551
<input type="checkbox"/> BAY AREA: 844-889-0275	<input type="checkbox"/> DAYTONA: 386-259-6096	<input type="checkbox"/> JACKSONVILLE: 904-212-2338	<input type="checkbox"/> NORTH JERSEY: 551-227-2823	<input type="checkbox"/> SAN ANTONIO: 726-238-9950
<input type="checkbox"/> CHARLOTTE: 336-663-0143	<input type="checkbox"/> DELAWARE: 302-596-8553	<input type="checkbox"/> KANSAS CITY: 844-900-1292	<input type="checkbox"/> NORTHWEST AR: 888-615-1445	<input type="checkbox"/> SARASOTA: 941-870-6550
<input type="checkbox"/> CHICAGO: 312-253-7244	<input type="checkbox"/> EAST TN: 615-425-7427	<input type="checkbox"/> LAKELAND: 863-316-3910	<input type="checkbox"/> ORLANDO: 844-946-0867	<input type="checkbox"/> SOUTH JERSEY: 856-519-5309
<input type="checkbox"/> CINCINNATI: 844-946-0868	<input type="checkbox"/> FT. LAUDERDALE: 754-946-2052	<input type="checkbox"/> LITTLE ROCK: 501-451-5644	<input type="checkbox"/> PALM BEACH: 561-768-9044	<input type="checkbox"/> SOUTHWEST FL: 813-283-9144
<input type="checkbox"/> COLUMBUS: 844-627-2675	<input type="checkbox"/> HARRISBURG: 844-859-4235	<input type="checkbox"/> MIAMI: 786-744-5687	<input type="checkbox"/> PHILADELPHIA: 844-820-9641	<input type="checkbox"/> TAMPA: 844-946-0849
	<input type="checkbox"/> HOUSTON: 832-631-9595	<input type="checkbox"/> MIDDLE TN: 888-615-1445	<input type="checkbox"/> PIEDMONT TRIAD: 336-790-2200	<input type="checkbox"/> WEST TN: 888-615-1445