

**PROVIDERS: Please include the following information to expedite the order:**  
Patient demographics, insurance information, most recent visit notes, TB status, and applicable labs

**PATIENT INFORMATION**

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_  
 ICD-10 (Required): \_\_\_\_\_ Description: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  NKDA Current Weight: \_\_\_\_\_ kg **Wt. at Transplantation (REQ)** \_\_\_\_\_ kg  
 Patient Status:  New to Therapy  Continuation of Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

**REFERRAL STATUS**  New Referral  Updated Order  Order Renewal

**PROVIDER INFORMATION**

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

**NURSING**

- Utilize hypersensitivity protocol established by Redeemer Health Infusion Therapy Center
- Provide nursing care and observation according to Redeemer Health Infusion Therapy Center policies and procedures
- TB status and date (list results and attach documentation)  
\_\_\_\_\_

**LABORATORY ORDERS**

- CBC  at each dose  every \_\_\_\_\_
- CMP  at each dose  every \_\_\_\_\_
- CRP  at each dose  every \_\_\_\_\_
- Treatment naïve patient required labs:** ALT, AST, Alkaline Phosphate, Bilirubin (list results here and attach clinicals):  
\_\_\_\_\_
- Please check this box if you do NOT authorize Redeemer Health Infusion Therapy Center to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

**PRE-MEDICATION ORDERS**

- acetaminophen (TYLENOL)  500 mg  650 mg  1000 mg PO
- cetirizine (ZYRTEC) 10 mg PO
- loratadine (CLARITIN) 10 mg PO
- diphenhydramine (BENADRYL)  25 mg  50 mg |  PO  IV
- methylprednisolone (SOLU-MEDROL)  40 mg IV  125 mg IV
- hydrocortisone (SOLU-CORTEF) 100 mg IV

**THERAPY ADMINISTRATION**

- Belatacept (NULOJIX) in 0.9% sodium chloride
- Dose and Frequency**
- 10 mg/kg day 1, day 5, end of week 2, 4, 8, 12  
Number of previous doses received: \_\_\_\_\_
- 5 mg/kg end of week 16 and every 4 weeks thereafter
- Preparation and Administration:**
- Administer with 0.2-1.2 micron filter
- Doses must be evenly divisible by 12.5 mg
- Final concentration should range from 2-10 mg/mL
- Dosage will be based on the patient's body weight at time of transplantation and should not be modified during the course unless there is a change in body weight greater than 10%.
- To use day of treatment weight, check box and initial here: \_\_\_\_\_
- Rate:** administer over 30 minutes
- Route:** intravenous infusion
- Flush:** with 0.9% sodium chloride after infusion complete
- Monitoring:**  Patient required to stay for 30-minute observation
- Refills:**  No Refills  12 months  \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

Redeemer Health Infusion Therapy Center will conduct peer-to-peer review(s) on behalf of the prescribing provider for any insurance denials. If you DO NOT AUTHORIZE Redeemer Health Infusion Therapy Center to do this on your behalf, check this box.

**Note to prescriber:** 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 (No Stamps):** \_\_\_\_\_ **Date:** \_\_\_\_\_