

Nulojix Order

(Belatacept)



InfusionForHealth.com
Ph: 888-777-1945 | Fax: 805-852-2636

Date: _____ Treatment Location: _____

***Please fax a copy of the following patient information:** Demographics Insurance Information Current Lab Results
 H & P Relevant to the Diagnosis Medication List Recent Office Notes

PATIENT INFORMATION

Patient Name: _____

DOB: _____

Allergies: _____

Weight: _____ lbs / kg Height: _____

Diagnosis: _____

ICD-10: _____

PROVIDER INFORMATION

Printed Provider's Name: _____

Signature: _____

NPI: _____ Date: _____

Phone: _____ Fax: _____

Office Address: _____

Contact Person: _____

Contact Email: _____

TB TEST / CHEST X-RAY

TB Test Date: _____ Result: _____ Hep B Test Date: _____ Result: _____

PRE-MEDICATIONS:

Diphenhydramine: PO IV 25mg 50mg Pre-med PRN

Acetaminophen: PO 650mg Pre-med PRN

Claritin Zyrtec PO 10mg Pre-med PRN

Solu-Medrol IV _____mg Pre-med PRN

Normal Saline Bolus IV 250mL Pre-med PRN

NULOJIX (BELATACEPT) IV DOSAGE:

0.9% Sodium Chloride 50 mL to 250 mL (2mg/mL to 10 mg/mL final concentration)

Loading Dose: 10 mg/kg x _____ kg = _____mg (must be divisible by 12.5mg)

Day 1 (day of implantation, prior to implantation), Day 5
End of Week 2, Week 4, Week 8, and Week 12 after transplantation

Maintenance Dose: 5 mg/kg x _____ kg = _____mg (must be divisible by 12.5mg)
End of Week 16 after transplantation and every 4 weeks (+- 3 days) thereafter