



MRN: _____

Phone: 1-800-809-1265 Fax: 1-866-872-8920

DOB: _____

Guidelines for Prescribing NULOJIX® (belatacept)

(Required documentation with all initial referrals)

Patient Name: _____

Referral Date: _____

_____ Include signed and completed **Plan of Treatment**. (MD must complete sections 1-8)
 (Infusion order forms & Standard Adverse Reactions orders are available at www.palmettoinfusion.com under Agency/MD tab)

_____ Include patient demographic information and insurance information. (Copy of insurance cards if available)

_____ **Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any lab results, transplant summary note, and/or tests to support diagnosis.**

- NULOJIX is a selective T-cell costimulation blocker indicated for prophylaxis of organ rejection in adult patients receiving a kidney transplant. Treatment is used in combination with basiliximab induction, mycophenolate mofetil, and corticosteroids. Limitations of use: • **Use only in patients who are EBV seropositive.** • Use has not been established for the prophylaxis of organ rejection in transplanted organs other than the kidney.

_____ Last dose of Nulojix®, date: _____

_____ Other as requested: _____

Pre-Screening:

_____ Patient enrolled into the NULOJIX® Distribution Program (NDP) via Bristol-Myers Squibb (BMS) by calling 1-855-511-6180 and completing enrollment paperwork. A Patient identification number from the NDP is required to order NULOJIX for new and existing patients. Patient specific ID #: _____.

_____ Documentation of Epstein-Barr virus (EBV) serology

_____ **Required TB screening results: PPD or QuantiFERON Gold Test within last 12 months**

(* If screening results are positive or indeterminate, then a negative CXR result is required.)

**** Warnings/Precautions:** Only physicians experienced in immunosuppressive therapy and management of kidney transplant patients should prescribe NULOJIX®. **Post-Transplant Lymphoproliferative Disorder (PTLD):** increased risk, predominantly involving the CNS; monitor for new or worsening neurological, cognitive, or behavioral signs and symptoms. **Other malignancies:** increased risk with all immunosuppressants; appears related to intensity and duration of use. Avoid prolonged exposure to UV light and sunlight. **Progressive Multifocal Leukoencephalopathy (PML):** increased risk; consider in the diagnosis of patients reporting new or worsening neurological, cognitive, or behavioral signs and symptoms. Recommended doses of immunosuppressants should not be exceeded. **Other serious infections:** increased risk of bacterial, viral, fungal, and protozoal infections, including opportunistic infections and tuberculosis. Some infections were fatal. Polyoma virus-associated nephropathy can lead to kidney graft loss. **Evaluate for tuberculosis and initiate treatment for latent infection prior to NULOJIX® use. Cytomegalovirus (CMV) and pneumocystis (PJP) prophylaxis are recommended after transplantation. Liver transplant:** use is not recommended due to an increased risk of graft loss and death. **Immunizations:** avoid use of live vaccines during treatment. **Coadministration with Anti-Thymocyte Globulin:** may pose a risk for venous thrombosis of the renal allograft. Discuss Pregnancy or breastfeeding plans/risks prior to start of therapy. See full prescribing information.

Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.

Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.