



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

Referral Status:		MRN:	
<input type="checkbox"/> New referral	<input type="checkbox"/> Order change	<input type="checkbox"/> Order Renewal	
Patient preferred clinic:			

Nulojix® (belatacept) Standard Plan of Treatment

Rev. 4.29.25

PATIENT DEMOGRAPHICS:

Patient Name:			
Patient's Phone:		Address:	
Date of Birth:		City, State, Zip:	
Height in inches:	Weight: LB or KG	Gender:	Allergies: <input type="checkbox"/> See list <input type="checkbox"/> NKDA

DIAGNOSIS: (PLEASE COMPLETE 2ND AND 3RD DIGITS TO COMPLETE ICD 10 FOR BILLING)

Z94.0 - Kidney Transplant Status
- Other:

REQUESTED DOCUMENTATION:

1	Insurance information	IF NO:	IF YES:	
2	Most recent H&P and Medication list	PLEASE STATE REQUIRED WASHOUT FROM PREVIOUS THERAPY:	LAST INFUSION DATE:	
3	Tried and failed therapies		NEXT INFUSION DATE:	
4	REQUIRED: EBV serology for new start patients		IF ORDER CHANGE:	
5	REQUIRED: TB results for new start patients		Continue current order until insurance approved	
6	Lab results, transplant summary note, and/or tests to support diagnosis.			
7		Basiliximab induction used at time of transplant (prescriber designation required)		

MEDICATION ORDERS:

NOTE: Patient may be ineligible to receive belatacept if receiving antibiotics for active infectious process, antifungal therapy, active fever and/or suspected infection, new-onset or deterioration neurological changes, and/or surgery

Required for weight based dosing: Transplant date: _____ Patient Transplant weight: _____
 (Dose is calculated on transplant weight unless weight varies by > 10%, after which they will be dosed on actual body weight)
 Check here if dosage is to be calculated based on actual body weight

DOSE/FREQUENCY:

From Transplant:

Initial Phase: Nulojix® (belatacept) 10mg/kg in 250mL NS IV over 30 minutes
1st dose to be administered by PIS ____ days post transplant. Remainder of initial phase to be given per manufacturer recommendations. (*Initial phase post transplant: day 5, week 2, week 4, week 8, week 12*)

Maintenance Phase: Nulojix® 5mg/kg in 100 ml NS IV to infuse over 30 minutes every 4 weeks

Conversion from Calcineurin Inhibitor:

Initial Phase: Nulojix® (belatacept) 5mg/kg in 100mL NS IV over 30 minutes every 2 weeks x 5 doses (*On days 1, 15, 29, 43, 57*)

Maintenance Phase: Nulojix® (belatacept) 5mg/kg in 100 mL NS IV to infuse over 30 minutes every 4 weeks

Other: _____

SPECIAL/LAB ORDERS:

Refills x 12 months unless noted otherwise here:

LINE USE/CARE ORDERS:

Start PIV/Access CVC
 Flush device per facility standard flushing procedure
 Provide nursing care per Palmetto Infusion Nursing Procedures and post procedure observation if indicated

ADVERSE REACTION & ANAPHYLAXIS ORDERS:

Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders, which can be found at our website.

PRESCRIBER INFORMATION:

PROVIDER NAME:	PHONE:
ADDRESS:	FAX:
CITY, STATE, ZIP:	NPI:

PRESCRIBER SIGNATURE: (No stamp signatures)	DATE:
Dispense as written/Brand medically necessary	Substitution permitted