



### Checklist for Nulojix (belatacept) Referral

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ NPI: \_\_\_\_\_

Referring Office Contact/Title: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Best contact number for physician in case of reaction: \_\_\_\_\_

*Please return completed checklist and checklist items to initiate referral. Use this form as fax cover sheet.*

- Patient demographic information
- Insurance information and copy of insurance card/s (front and back). \*Include primary and secondary insurance
- Supporting clinical notes and office visits. Two notes preferred.
  - Note should include any therapies tried/failed, and must include discussion about Nulojix
  - Medication list and allergies
- Supporting lab reports/orders for Nulojix treatment
  - Required:* EBV seropositive result, baseline CBC w diff
  - Recommended:* frequent monitoring of CBC w diff
- Nulojix Prescribing Order (see attached)

**-- We will obtain prior authorization and schedule your patient as soon as possible --**

---

**Fax all information to our Infusion Coordinator: 508-698-8671**

Call with any questions: 781-551-5812 option 4

---

Visit our website: [www.InfusionCenterNE.com](http://www.InfusionCenterNE.com)

Email: [info@infusioncenterne.com](mailto:info@infusioncenterne.com)



### Prescribing Order: Nulojix (belatacept)

Date of Order: \_\_\_\_\_

New Start  Maintenance

Date of last infusion: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_

Diagnosis (include ICD-10 code/s): \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_

Transplant Date: \_\_\_\_\_

Patient Weight: \_\_\_\_\_

**Premedication:**

Acetaminophen 1000mg PO  
 Loratadine 10mg or Cetirizine 10mg PO  
 Diphenhydramine 25mg PO

Diphenhydramine 25mg IV  
 Solu-medrol 125mg IV  
 Other: \_\_\_\_\_

**Lab Orders:**

---

**Nulojix Medication Order**

Maintenance Dosing: 5mg/kg every 4 weeks  
 Other: \_\_\_\_\_

**Administration:**

- ✓ Reconstitute Nulojix with sterile water and dilute in 100ml Normal Saline. Administer via 0.2 micron filter intravenously over 30 min
- ✓ Do not administer if patient has active signs or symptoms of infection or PTLD.
- ✓ In case of infusion reaction, STOP infusion and follow ICNE infusion reaction protocol. Notify physician.

---

Ordering Provider Name

NPI

---

Signature

Date