



**NULOJIX® (BELATACEPT) ORDER FORM**

(\* - Required Fields)

**\_\_\_ STAT REQUEST**

(\*REASON MUST BE PROVIDED BELOW)

___ <b>New Referral</b>	___ <b>Order Renewal</b>	___ <b>Medication/Order Change</b>
___ <b>Benefits Verification Only</b>	___ <b>Discontinuation Order</b>	

PATIENT INFORMATION			
NAME*:	DOB*:	SEX: M	F
ADDRESS:		PHONE:	
WEIGHT: LBS	KG	HEIGHT:	EMAIL:
ALLERGIES:			

PHYSICIAN INFORMATION			
PHYSICIAN NAME*:		PRACTICE NAME:	
ADDRESS:		OFFICE CONTACT*:	
PHONE:	FAX:	EMAIL (FOR UPDATES):	

<p><b><u>NULOJIX ORDER*</u></b> <i>(SELECT ONE OF THE FOLLOWING)</i></p> <p>___ <b>Initial Dosing:</b> 10mg/kg IV Day 1, Day 5, end of week 2 and week 4 after transplantation, end of weeks 8 and 12 after transplantation</p> <p>___ <b>Maintenance Dosing:</b> 5mg/kg end of week 16 after transplantation and every 4 weeks</p>	<p><b>ICD-10*:</b> _____</p>
<p>Physician Signature* _____ Date*(Order is Valid for One Year) _____</p> <p style="text-align:center; font-size: small;"><i>Infusion will be administered per MPP policy and protocols</i></p>	

REQUIRED DIAGNOSIS:
<p>___ Kidney Transplant Status</p> <p>___ Other _____</p>
<p><b>*STAT REASON:</b> <i>(STAT request will be assessed per MPP policy and protocol)</i></p>

REQUIRED DOCUMENTATION CHECKLIST:
<p>___ Patient Demographics</p> <p>___ Insurance Card/Information</p> <p>___ Clinical/Progress Notes supporting DX</p> <p>___ Current Medication List and H&amp;P</p> <p>___ EBV Seropositive</p>
<p>Last Infusion/Injection Date: _____</p>

<p><b>STANDING LAB ORDERS:</b> ___ CMP ___ CBC</p> <p>___ Labs to be drawn by Infusion Center      Frequency _____</p>
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<p><b>NOTES/ADDITIONAL COMMENTS:</b></p>
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**Locations:**

-----Colorado-----

\_\_\_ Lakewood

-----Florida-----

\_\_\_ Jacksonville

\_\_\_ Kissimmee

\_\_\_ Port St. Lucie

\_\_\_ Suncoast

\_\_\_ Winter Park

-----Oklahoma-----

\_\_\_ Tulsa

-----Texas-----

\_\_\_ Arlington

\_\_\_ Cedar Hill

\_\_\_ Dallas

\_\_\_ Denton

\_\_\_ Ft. Worth

\_\_\_ Irving

\_\_\_ Rockwall

\_\_\_ Southlake

\_\_\_ Flower Mound

\_\_\_ Plano

\_\_\_ Tyler

REVISION DATE- 09/2021