

NULOJIX® (BELATACEPT) ORDER FORM
(- Required Fields)*

STAT REQUEST
*(*REASON MUST BE PROVIDED BELOW)*

<input type="checkbox"/> New Referral	<input type="checkbox"/> Order Renewal	<input type="checkbox"/> Medication/Order Change
<input type="checkbox"/> Benefits Verification Only	<input type="checkbox"/> Discontinuation Order	

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><u>NULOJIX ORDER*</u> <i>(SELECT ONE OF THE FOLLOWING)</i></p> <p><input type="checkbox"/> Initial Dosing: 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><input type="checkbox"/> Maintenance Dosing: 5mg/kg end of week 16 after transplantation and every 4 weeks</p>	<p>ICD-10*: _____</p>
<p>Physician Signature* _____ Date*(Order is Valid for One Year) _____ <i>Infusion will be administered per MPP policy and protocols</i></p>	

REQUIRED DIAGNOSIS:
<p><input type="checkbox"/> Kidney Transplant Status</p> <p><input type="checkbox"/> Other _____</p>
<p>*STAT REASON: <i>(STAT request will be assessed per MPP policy and protocol)</i></p>

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

<p>STANDING LAB ORDERS: <input type="checkbox"/> CMP <input type="checkbox"/> CBC</p> <p><input type="checkbox"/> Labs to be drawn by Infusion Center Frequency _____</p>

<p>NOTES/ADDITIONAL COMMENTS:</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