

NULOJIX MEDICATION ORDER

Patient's Name (Last, First, Middle) _____ DOB: _____

■ Diagnosis

Z48.22 Status post kidney transplant _____ Other: _____

■ Details Needed for Authorization

- Is Nulojix to be used in combination with basiliximab induction, mycophenolate mofetil, and corticosteroids? _____
- Provide documentation that patient is Epstein-Barr virus seropositive.
- *Please note that Nulojix for liver transplant, systemic lupus erythematosus, rheumatoid arthritis, psoriatic arthritis, abdominal wall transplant, pancreas transplant, and type 1 diabetes are likely to be considered investigational and not approved by insurance.*

Patient's height in ft/in: _____ Patient's weight in lbs: _____

■ Nulojix (belatacept) Medication Order

 Select all as appropriate.

- Initial phase of 10mg/kg on days 1 and 5, and end of weeks 2, 4, 8 and 12.
- Maintenance phase of 5mg/kg on end of week 16 post transplantation and every 4 weeks +/- 3 days) for _____ months.

Nulojix is administered in 100ml of normal saline over about 30 minutes using 0.2-1.2 micron IV tubing.

■ Rescue Management in case of Reaction

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Stop medication infusion and start normal saline infusion at 50 ml/hr. Call ordering provider to report reaction.
- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

■ Ordering Provider Authorization

Provider's Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ NPI #: _____ License: _____

STANDARD DOCUMENTATION TO INCLUDE:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.
- If new medication for patient, chart notes which include decision to begin treatment. If not, provide last treatment date.

Fax this order and supporting documentation to (732) 329-2322.