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**Nulojix® (Belatacept) Order Form**  
Epic Referral: REF115233

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **ICD-10 Diagnosis:** \_\_\_\_\_

Induction dosing should be completed prior to initiating patient on maintenance dosing, typically completed prior to referral to KHWT infusion center. Maintenance dosing begins at the end of week 16 after transplantation.

Date of last induction dose if applicable: \_\_\_\_\_

**Maintenance Dosing:**

- IV Belatacept (Nulojix) 5 mg/kg diluted to 100 mL 0.9% NaCl over 30 minutes every 4 weeks
  - Dose should be given within +/- 3 days from their due date
  - Dose is calculated based on their baseline weight at transplantation
  - If patient weight changes by more than 10% (weight gain or loss), calculate a new baseline weight and use that for all future doses
    - If dose is changed, KHWT will inform provider's office of new baseline weight
  - Round doses to the nearest 12.5 mg per package insert

Baseline weight: \_\_\_\_\_ (specify kg or lbs)

**Order good for:**     6 months     1 year    Other duration: \_\_\_\_\_

Other Orders/Comments:

\_\_\_\_\_

**Last date and type of TB test:** \_\_\_\_\_ (please fax copy of results with order)

**Date of seropositive EBV test:** \_\_\_\_\_ (please fax copy of results with order)

**Labs:** \_\_\_\_\_

**Lab Frequency:** \_\_\_\_\_

\*\*Port/PICC care per protocol will be performed if applicable including heparin flush (500 units/5mL) and cathflo (2 mg) PRN for patients with a port\*\*

**Prescriber Printed Name:** \_\_\_\_\_

**Prescriber Full Address:** \_\_\_\_\_

**Office Phone Number:** \_\_\_\_\_ **Office Fax Number:** \_\_\_\_\_

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_