

Patient Name	
DOB	
Address	
Phone	

Order Status New Order Renewal Dose or Frequency Change

Diagnosis	<input type="checkbox"/> Kidney transplant (rejection prophylaxis) <input type="checkbox"/> Other: _____	Diagnosis Code: _____
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Required Information (please include labs attached)

Allergies:

Negative QuantiFERON TB or T-spot or chest x-ray	Date:	Weight: _____ (At time of Nulojix initiation) Height: _____
EBV serostatus positive	Date:	
Diagnostic Hepatitis B panel	Date:	
Coccidioides Screen/Panel	Date:	
CBC, CMP (please include lab result documents)	Date:	

Labs CMP every _____ Other: _____

Pre-Medications

Diphenhydramine 25mg 50mg IV PO

Acetaminophen 325mg 650mg PO

Other: _____

Nulojix (belatacept) IV (Dose based on actual body weight at time of transplantation and should not be modified unless change >10%)	<input type="checkbox"/> Initial phase: 10mg/kg on day 1, day 5 and followed by 10mg/kg at end of week 2, week 4, week 8 and week 12 following transplantation	*Patient has received ____ doses thus far, next dose due on _____ <input type="checkbox"/> Maintenance: 5mg/kg every 4 weeks <input type="checkbox"/> Other: _____
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Infusion Reaction Medications Hypersensitivity Reaction Protocol will be utilized unless otherwise specified.

Required Documentation

- H&P or progress note supporting diagnosis
- Medication history
- Recent labs (as above) and/or diagnostic test results

Provider (print name):	Date:
Provider Signature:	NPI:
Office Phone:	Office Fax:

OUTPATIENT INFUSION CENTERS

Select an Infusion Center below (check box):

- Glendale Infusion Clinic
6220 W Bell Road, Glendale AZ 85308
- Osborn NSI Infusion Clinic
7242 E Osborn Road Ste 340, Scottsdale AZ 85251
- Pima Infusion Clinic
8405 N Pima Center Parkway Ste 201, Scottsdale AZ 85258

How to Refer:

- Fax the medication order form along with the selected infusion center form and all necessary documentation to central scheduling and call to set up patient information.
 - Central Scheduling Phone: (623) 434-6138
 - Central Scheduling Fax: (602) 331-5765