

Nulojix (belatacept)

Provider Order Form rev. 7/20/2022



www.vascoinfusion.com
ph: 602-346-0204 fax: 877-637-6691

PATIENT INFORMATION

Patient Name:		DOB:		
Patient Phone:	Patient Email:			
NKDA	Allergies:	Weight lbs/kg:	Height:	
Patient Status:	New to Therapy	Continuing Therapy	Therapy Change	Next Due Date (if applicable):

PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

DOCUMENTATION (REQUIRED)

Labs	Insurance Card (front and back)	Current Medications	History/Progress Notes
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ICD-10 CODE

Z94.0 Kidney Transplant

MEDICATION ORDER

Nulojix (belatacept)

Transplant Date: _____

Dose

10mg/kg IV (Initial dosing); administer dose to the nearest mg that is divisible by 12.5

5mg/kg IV (maintenance dosing); administer dose to the nearest mg that is divisible by 12.5

Frequency

Initial: End of weeks 2, 4, 8 and 12 after transplant.

Maintenance: End of week 16 after transplant and every 4 weeks (plus or minus 3 days) thereafter

Other: _____

Order Expiration Date (mm/dd/yy): _____

(If not indicated order will expire one year from date signature)

SPECIAL INSTRUCTIONS

Provider Name (Print)

Provider Signature

Date

Check here if this is a stat order