



AYSAs

THERAPEUTICS INFUSION

NULOJIX (BELATACEPT) ORDER FORM

P: 470.395.6076 | F: 470.745.0716

PATIENT INFORMATION

Demographics attached

Patient Name: _____ DOB: _____ Phone: _____

INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S) (FRONT AND BACK)

MEDICAL INFORMATION

Diagnosis: _____ ICD-10 Code: _____

Patient weight at time of transplantation: _____ lbs. (required)

Allergies: _____

Clinical/Progress Notes, Labs, and Tests supporting primary diagnosis attached

Required: Nulojix Distribution Program Notified (855) 511-6180 - Patient ID# _____

Required labs/tests: EBV serostatus and TB screening

Labs: Required labs to be drawn by: Infusion Clinic Referring Physician

Lab Orders: _____

NULOJIX ORDERS

Dosing for Initial Phase and Initial Maintenance

_____mg IV on Day 1 (day of transplantation, prior to transplantation) and Day 5 (approximately 96 hours after Day 1 dose), at the end of week 2, week 4, week 8, and week 12 after transplantation. Then, _____mg IV at the end of week 16 after transplantation and every 4 weeks (plus or minus 3 days) thereafter

*Patient has received _____ doses thus far, next dose due on _____

Dosing for Maintenance Phase

_____mg IV every 4 weeks

Other Dosing:

**** Prescribed doses must be evenly divisible by 12.5mg****

**** The total infusion dose of Nulojix should be based on the actual body weight of the patient at the time of transplantation and should not be modified during the course of the therapy, unless there is a change in the body weight of greater than 10%. If the patient has had a >10% weight change, please notify the physician for dose change recommendations****

PHYSICIAN INFORMATION

By signing this form and utilizing our services, you are authorizing *At Your Service Anesthesia, Inc.*, and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: _____ Physician Name: _____ Date: _____ Phone: _____

Fax: _____ Contact Person: _____

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