NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

Nulojix (Belatacept) Order Form—J0485

Patient Name | Middle | Last | DOB

Diagnosis | Diagnosis Code

Height (cm) | Actual Weight (kg) | Allergies

Please list any premeds needed.

***Required tests prior to administration: TB screening, EBV serostatus

NULOJIX (BELATACEPT): *PLEASE CHECK ALL THAT APPLY*

Initial Phase:

- ◯ 10 mg/kg at end of week 2, 4, 8, 12 after transplant

Maintenance Dose:

- ◯ 5 mg/kg every 4 weeks starting at end of week 16 after transplant

Orders valid through: _____

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name | Provider Signature

Date | Phone | Fax | Pager