MEDICATION ORDERS

NULOJIX (BELATACEPT)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS
❑ New Referral ❑ Dose or Frequency Change ❑ Order Renewal

INFUSION OFFICE PREFERENCE (Optional)
Preferred Location: ❑ Montgomery ❑ Prattville

DIAGNOSIS AND ICD 10 CODE	
❑ Kidney Transplant	ICD 10 Code: Z94.0
❑ Other:_____	ICD10 Code: _____

REQUIRED DOCUMENTATION/TESTING	
❑ This signed order form by the provider ❑ Patient demographics AND insurance information ❑ EBV serology ❑ Date of transplant: _____ ❑ See attached infusion dosing protocol	❑ Clinical/Progress notes supporting primary diagnosis ❑ Labs and Tests supporting primary diagnosis ❑ See attached lab draw protocol ❑ Please include patient's Nulojix ID # assigned by the Nulojix Distribution Program
List Tried & Failed Therapies, including duration of treatment: 1) 2)	

MEDICATION ORDERS	
Please indicate dose and frequency in blank space as appropriate. If specific dates are requested, please include, as well.	
Initial Dosing	❑ Nulojix 10mg/kg IV _____ ❑ Nulojix _____mg IV _____
Maintenance Dosing	❑ Nulojix 5mg/kg IV _____ ❑ Nulojix _____mg IV _____
Refills: ❑ x 6 months ❑ x 1 year ❑ _____ doses • New orders and progress notes required at least once yearly. A medication substitution may be required based on insurance payer policy due to preferred versus non-preferred medications or based on payer step therapy guidelines. • Please note: if an infusion reaction occurs, the Montgomery Cancer Center provider will order appropriate rescue medications as deemed medically necessary. This may also include pausing, reducing the rate of infusion or discontinuing the medication.	

PROVIDER INFORMATION			
Office Contact Name:			
Prescribing Providers Name:		Provider NPI:	
Office Address:	City:	State:	Zip:
Office Phone Number:	Office Fax Number:		
Physician Signature:	Date:		

Contact us with questions at: Montgomery (334) 273-7000 or Prattville (334) 351-1000

Fax completed form and all documentation to Montgomery (334) 260-2011 or Prattville (334) 358-1207

All information contained in this form is strictly confidential and will become part of the patient's medical record.