

## **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:			
DIAGNOSIS AND ISD 40 CODE			
DIAGNOSIS AND ICD 10 CODE    CD 10 Code: Z94.0			
— ············		ICD10 Code:	
□ Other: ICD10 Code:			_
DECLUDED DOCUMENTATION (TESTING			
REQUIRED DOCUMENTATION/TESTING			
☐ This signed order form by the provider ☐ Patient demographics AND insurance information		☐ Clinical/Progress notes supporting primary diagnosis	
☐ EBV serology		☐ Labs and Tests supporting primary diagnosis☐ See attached lab draw protocol	
☐ Date of transplant:		☐ Please include patient's Nulojix ID # assigned by the Nulojix	
☐ See attached infusion dosing protocol		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			
□ Nulojixmg IV			
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Maintenance Dosing			<del></del>
	☐ Nulojixmg IV		
Refills:    x 6 months    x 1 year			
<ul> <li>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.</li> </ul>			
<ul> <li>Please note: if an infusion reaction occurs, the Montgomery Cancer Center provider will order appropriate rescue medications as</li> </ul>			
deemed medically necessary. This may also include pausing, reducing the rate of infusion or discontinuing the medication.			
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 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