

Prescriber Criteria Form  
Nulojix 2026 PA Fax BD-26 v1 010126.docx  
Nulojix (belatacept)  
Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Nulojix (belatacept).

Drug Name:  
Nulojix (belatacept)

<b>Patient Name:</b>		
<b>Patient ID:</b>		
<b>Patient DOB:</b>	<b>Patient Phone:</b>	
<b>Prescriber Name:</b>		
<b>Prescriber Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Prescriber Phone:</b>	<b>Prescriber Fax:</b>	
<b>Diagnosis:</b>	<b>ICD Code(s):</b>	

**Please circle the appropriate answer for each question.**

1	Is the requested drug being administered in the home (e.g., PATIENT'S HOME, NOT A FACILITY)?	Yes	No
2	Is the requested drug being used as a component of an immunosuppressive regimen for an organ transplant?	Yes	No
	[Tech Note: If the answer to this question is yes, please see work instructions to complete B vs D determination.]		

Comments: \_\_\_\_\_

Prescriber (or Authorized) Signature: \_\_\_\_\_ Date: \_\_\_\_\_