

# Nulojix® (belatacept) Referral Form



**Preferred Clinic** (select one):

## PATIENT INFORMATION

**Referral Status:** New Referral Updated Referral Referral Renewal

DOB:	Patient Name:	Patient Phone:
Patient Address:	Patient Email:	
NKDA Allergies:	Weight (lbs/kg):	Height:
ICD-10 Code (required):	ICD-10 Description:	Last Treatment Date:
		Last 4 Digits SSN:

## PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:
Physician Preferred Method of Contact:	Email:	Fax:	Phone:

## NURSING

☒ Infusion to be administered per Vivo protocols.

## LABORATORY ORDERS

<input type="checkbox"/>	CBC	at each dose	every _____
<input type="checkbox"/>	CMP	at each dose	every _____
<input type="checkbox"/>	CRP	at each dose	every _____
OTHER _____			

## REQUIRED DOCUMENTATION

Patient Demographics

Insurance Card/Information

Progress Notes Supporting DX

Current Medication List and H&P

EBV Seropositive

## NULOJIX THERAPY ADMINISTRATION

**Initial Dosing:** 10 mg/kg IV Day 1, Day 5 end of week 2 and week 4 after transplantation, end of weeks 8 and 12 after transplantation

**Maintenance Dosing:** 5 mg/kg at end of week 16 after transplantation, then every 4 weeks (+/-3 days)

**Crossover Dosing:** 5 mg/kg on days 1, 15, 29, 43 and 57 followed by 5 mg/kg every 4 weeks

**\*Weight to be used for dosing calculation: \_\_\_\_\_ kg\***

*Dose based on actual body weight of patient at time of transplant per PI. Dose should be modified if there is a change in body weight of greater than 10%. Dose rounded to nearest 12.5 mg.*

\*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. \*\*Order is valid for one year unless otherwise noted\*\*

Provider Name (Print)

Provider Signature

Date

Email Referrals To: [referrals@vivoinfusion.com](mailto:referrals@vivoinfusion.com) OR Fax Below

Have a Question? Call (720) 902-4111

Colorado: 303-418-4679	Michigan: 833-957-2188	New York: 800-540-1852	Texas: 469-340-0044
Connecticut: 203-724-4838	Minnesota: 763-290-0903	Ohio: 216-400-0674	Virginia: 804-500-5941
Florida: 904-930-4211	Nevada: 702-489-5744	Oklahoma: 918-770-4421	Wisconsin: 414-600-5383
Massachusetts: 781-202-1629	New Jersey: 609-955-3711	Pennsylvania: 215-399-9244	

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