

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: |

NURSING

Infusion to be administered per Vivo protocols.

NULOJIX THERAPY ADMINISTRATION

LABORATORY ORDERS

- CBC at each dose every _____
- CMP at each dose every _____
- CRP at each dose every _____
- OTHER _____

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)

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

REQUIRED DOCUMENTATION

Patient Demographics

Insurance Card/Information

Progress Notes Supporting DX

Current Medication List and H&P

EBV Seropositive

*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 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 | |

Revision Date 12/2024