Nulojix® (belatacept) Referral Form

Preferred Clinic (select one): _____

VIVO infusion®

PATIENT INFORMATION

☐ New Referral ☐ Updated Referral ☐ Referral Renewal

DOB: Patient Name: Patient Phone:

Patient Address: Patient Email:

☐ NKDA Allergies: Weight (kg): Height:

ICD-10 Code (required): ICD-10 Description: Last Infusion 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:

STANDING ORDERS

☑ Infusion to be administered per Vivo protocols.

LABORATORY ORDERS

☐ CBC w/ diff every _____

☐ CMP every _____

☐ OTHER _____

☑ **Clinic Specimen Collection Authorization: If required labs are not received prior to appointment, infusion clinic staff are authorized to draw required labs under the referring provider's NPI and route results back to the referring office.**

NULOJIX 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.

REQUIRED DOCUMENTATION

☐ **Patient Demographics**

☐ **Insurance Card/Information**

☐ **Progress Notes Supporting DX**

☐ **Current Medication List and H&P**

☐ **EBV Seropositive**

☐ **Negative TB test within 1 year**

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

Referral is valid for one year unless otherwise noted.

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