



# Benlysta (Belimumab)

INFUSION THERAPY CENTERS

New Referral     Restart     Medication Order Change

### PATIENT INFORMATION

Name \_\_\_\_\_  
Date \_\_\_\_\_  
DOB \_\_\_\_\_  
SS# \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_

### PHYSICIAN INFORMATION

Referring Physician \_\_\_\_\_  
Practice Address \_\_\_\_\_  
Office Contact Name \_\_\_\_\_  
Contact Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
NPI / TIN \_\_\_\_\_

### MEDICATION ORDERS

Patient Weight: \_\_\_\_\_ kg     Initial/Reload Dosing: \_\_\_\_\_ mg/kg IV on day 0, 2 weeks, 4 weeks then every \_\_\_\_\_ weeks  
 Maintenance Dosing: \_\_\_\_\_ mg/kg IV every \_\_\_\_\_ weeks

Indication / Diagnosis:

- M32.9 Other forms of systemic lupus erythematosus
- M32.9 Systemic lupus erythematosus, unspecified
- Other (please specify in additional information)

Additional Information:

ICD-10 (Required) \_\_\_\_\_  
Special Instructions \_\_\_\_\_  
MD Signature \_\_\_\_\_ Date \_\_\_\_\_

### REQUIRED DOCUMENTATION

Please send the following documents and records. This will help streamline the pre-authorization process.

- Patient demographic information sheet
- Copy of insurance card(s) front and back
- Copy of most recent office and consult notes (must include discussion of prescribed drug)
- If this is a continuation of a treatment, include the last infusion note
- Current medication list

Most recent diagnostics results to include:

- Chest Xray
- CBC with differential
- TB test (within 12 months)
- Comprehensive metabolic panel
- COCCI
- Hepatitis B-Core Ab, B SAg, B SAb
- Hepatitis C-Ab

*We will contact the patient and schedule their infusion appointment once we have the insurance pre-authorization completed.*

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