

**Patient Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Height: \_\_\_\_\_ ☐ in ☐ cm      Weight: \_\_\_\_\_ ☐ kg ☐ lbs

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

SSN: \_\_\_\_\_

**PLEASE INCLUDE ON FAX A COPY OF FRONT  
AND BACK OF INSURANCE CARD(S)**

**Prescriber**

Prescriber name: \_\_\_\_\_

NPI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Clinical Information (Please fax all pertinent clinical and lab information)**

Diagnosis: ☐ M32.9 (Systemic Lupus Erythematosus) ☐ M32.14 (Lupus Nephritis)

☐ Other: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Intravenous BENLYSTA<sup>®</sup>****Flushing/Premedication Orders:**

- ☒ Flushing per CoxHealth at Home protocol
- ☒ PIV: 0.9% sodium chloride 3-20mL before and after infusion as needed
  - ☒ Port: 0.9% sodium chloride 3-20mL into port at time of access or at least monthly, 0.9% sodium chloride 3-20mL before and after infusion as needed, Heparin 100 units/mL 5mL as lock after infusion
- ☒ No routine premedication necessary. If desired, please write here: \_\_\_\_\_

**BENLYSTA<sup>®</sup> (belimumab) IV over at least 1 hour**

**Frequency:**

☐ Loading Frequency: (3 doses at weeks 0,2 and 4 followed by infusions every 4 weeks thereafter)

OR

☐ Maintenance frequency: every 4 weeks

**Dose:** Rph will round up to the nearest combination of vial size (120mg, 400mg). Dilute in 250mL 0.9% sodium chloride

☐ 10mg/kg ☐ Other \_\_\_\_\_

**Quantity to dispense:** ☐ 1 dose with 13 refills (1 year) or ☐ \_\_\_\_\_ infusion(s)

**Labs:** every \_\_\_\_\_ (frequency) ☐ CBC with diff ☐ CMP ☐ Other: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize CoxHealth at Home and its representatives to act as an agent to initiate and execute the insurance prior authorization process for this prescription and any future fills of the same prescription for the patient listed above. I understand that I can revoke this designation at any time by providing written notice to CoxHealth at Home.