

**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: ☐ L40.52 (Psoriatic arthritis) ☐ M06.9 (Rheumatoid arthritis)

☐ Other: \_\_\_\_\_

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

**Intravenous ORENCIA®****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: \_\_\_\_\_

**Orencia® (belimumab) IV over 30 minutes**

**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:** If no dose is selected below, RPh to select dose using weight listed above. Dilute in 100mL 0.9% sodium chloride

☐ less than 60 kg: 500mg ☐ 60kg-100kg: 750mg ☐ greater than 100kg: 1000mg

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

**Labs:** every \_\_\_\_\_ (frequency) ☐ CBC with diff ☐ BMP ☐ Magnesium ☐ 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.