BIOCARE INFUSION
ONCOLOGY & THERAPEUTICS

BENLYSTA (BELIMUMAB) INFUSION ORDERS

FAX: 470.922.3656 | **PHONE:** 470.377.6400

PATIENT INFORMATION:

Fax completed form, insurance information, and clinical documentation to 470.922.3656

Patient Name: ______________________________ DOB: __________ Phone: ____________

Patient Status: ☐ New to Therapy ☐ Continuing Therapy **Next Treatment Date:**

MEDICAL INFORMATION

Diagnosis: ☐ Systemic Lupus Erythematosus

☐Lupus Nephritis ☐Other: ____________________

ICD-10 Code: __________

Patient Weight: ______ lbs. (required) Allergies: ______________________________

THERAPY ORDER

Benlysta: ☐ Initial Dose: 10mg/kg IV at 0, 14 days, 28 days, then every 28 days thereafter x1 year

☐Maintenance: 10mg/kg IV every 28 days x1 year

Pre-Medication Orders:

☐ Tylenol 1000mg PO
☐ Cetirizine 10mg PO
☐ Diphenhydramine 25mg PO
☐ Loratadine 10mg PO

Additional Pre-Medication Orders:

☐ Solu-Medrol _________ mg IVP
☐ Solu-Cortef _________ mg IVP
☐ Other: ________________

Lab Orders: ____________________ **Frequency:** ☐ Every infusion ☐ Other: __________

Required labs to be drawn by: ☐ Infusion Center ☐ Referring Provider

Other orders: ____

PROVIDER INFORMATION

By signing this form and utilizing our services, you are authorizing *Biocare Infusion,* and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies, and to select the preferred site of care for the patient

Provider Name: ____________________ Signature: Date: ________

Provider NPI: __________ Phone: __________ Fax: __________ Contact Person: ____________

☐Opt out of Biocare Infusion selecting site of care (if checked, please list site of care):

PREFERRED LOCATION

City: ______________ State: ________ *View our locations here:*

BIOCAREINFUSION.COM

IMPORTANT NOTICE: This fax is intended to be delivered only to the named address and contains material that is confidential, privileged property, or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately and destroy all copies if you have received this document in error.

BIOCARE INFUSION
ONCOLOGY & THERAPEUTICS

COMPREHENSIVE SUPPORT FOR BENLYSTA (BELIMUMAB) THERAPY

PATIENT INFORMATION:

Patient Name: ____ DOB: ____________

REQUIRED DOCUMENTATION FOR REFERRAL PROCESSING & INSURANCE APPROVAL

☐ Include signed and completed order (MD/prescriber to complete page 1)

☐ Include patient demographic information and insurance information

☐ Include patient's current medication list

☐ Supporting clinical notes to include any past tried and/or failed therapies, intolerance, benefits, or contraindications to conventional therapy

☐ Has the patient had a documented contraindication/intolerance or failed trial of conventional therapy (i.e., hydroxychloroquine, immunosuppressants, corticosteroids)? ☐ Yes ☐ No If yes, which drug(s)? ___________________________

☐ Does the patient have a history of a positive autoantibody test? ☐ Yes ☐ No
If yes, which test(s)? ____

☐ SELENA-SLEDAI score: _______________

☐ Indicate any symptoms the patient has:
☐Malar rash ☐ Discoid rash ☐ Photosensitivity ☐ Oral ulcers ☐ Nonerosive arthritis
☐Pleuritis/pericarditis ☐ Renal disorder ☐ Hematalogic disorder

☐ Include labs and/or test results to support diagnosis

☐ ANA, Anti-dsDNA, Anti-Ro/SSA

☐ Other medical necessity: ____

Biocare Infusion will complete insurance verification and submit all required documentation for approval to the patient's insurance company for eligibility. Our team will notify you if any additional information is required. We will review financial responsibility with the patient and refer him/her to any available co-pay assistance as needed. Thank you for the referral.

Please fax all information to (470) 922-3656 or call (470) 377-6400 for assistance

IMPORTANT NOTICE: This fax is intended to be delivered only to the named address and contains material that is confidential, privileged property, or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately and destroy all copies if you have received this document in error.