



BENLYSTA (BELIMUMAB) INFUSION ORDERS

PATIENT INFORMATION

Demographics attached

Patient Name: _____ DOB: _____ Phone: _____

INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S), FRONT AND BACK

MEDICAL INFORMATION

J Code: J0490 Diagnosis: Systemic Lupus Erythematosus ICD-10 Code: _____
 Other: _____ ICD-10 Code: _____

Patient Weight: _____ lbs.

Allergies: _____

Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached

Date of last ANA Test: _____ Copy of documentation attached

Labs: Required labs to be drawn by: Infusion Clinic Referring Physician

Lab Orders: _____

BENLYSTA ORDERS

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

Protocol: Tylenol 1000mg PO, *please choose one antihistamine:*
 Cetirizine 10mg PO
 Diphenhydramine 25mg PO
 Loratadine 10mg PO

Additional:

Solu-Medrol _____mg IVP
 Solu-Cortef _____mg IVP

Additional Orders/Comments:

PHYSICIAN INFORMATION

By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc. and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: _____ Date: _____

Physician Name: _____

Phone: _____ Fax: _____ Contact Person: _____

INFUSION CENTER LOCATION

- | | | | | | | | | | |
|--|---|---|--|--|--|--|---|--|--|
| <input type="checkbox"/> Arlington
P: 817.200.2530
F: 817.509.0011 | <input type="checkbox"/> Austin
P: 512.261.4800
F: 512.261.4803 | <input type="checkbox"/> Dallas
P: 972.408.2777
F: 469.913.6894 | <input type="checkbox"/> Houston
P: 713.860.1755
F: 713.277.7219 | <input type="checkbox"/> Knoxville
P: 865-299-7525
F: 865-338-5604 | <input type="checkbox"/> North Hills
P: 817.284.2700
F: 817.284.2701 | <input type="checkbox"/> Plano
P: 469-974-0565
F: 469-608-2072 | <input type="checkbox"/> Round Rock
P: 737-443-5230
F: 737-402-7698 | <input type="checkbox"/> San Antonio
P: 210.366.4358
F: 210.366.4896 | <input type="checkbox"/> Stone Oak
P: 210.485.3700
F: 210.390.1738 |
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