

**Patient Information** **Demographics Attached**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**INSURANCE INFORMATION:** Please attach a 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 and 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: 10 mg/kg IV at days 0, 14 and 28, then every 28 days thereafter  
Maintenance: 10 mg/kg IV every 28 days

**Protocol:** Tylenol 1000 mg PO, please choose one antihistamine:

**Additional:**

Cetirizine 10 mg PO

Solu-Medrol \_\_\_\_\_ mg IVP

Diphenhydramine 25 mg PO

Solu-Cortef \_\_\_\_\_ mg IVP

Loratadine 10 mg PO

**Additional Orders/Comments:**

**Physician Information**

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

**Physician Signature:** \_\_\_\_\_ **Physician Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Service Areas**

Des Moines, IA      West Des Moines, IA      Chicago, IL      Omaha, NE      Buffalo, NY      Dallas, TX  
Phoenix, AZ      Other: \_\_\_\_\_

HY-VEEHEALTHINFUSION.COM

**IMPORTANT NOTICE:** This fax is intended to be delivered only to the named addressee 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.