Updated September 16, 2019

Checklist for Benlysta (belimumab) Referral

Required documentation for all initial referrals

Patient _____DOB_____ Date_____ □ New Start □ Maintenance

Please return **completed** checklist and checklist items for an infusion referral:

- ☐ Patient demographics (e.g. address, phone number, SSN, etc.)
- ☐ Insurance information and copy of insurance card(s). Please indicate the insurance that is primary, and the insurance that is secondary, if applicable, and the subscriber's date of birth.
  - If insurance requires prior authorization, please provide the phone number and allow up to 15-30 days for this to be completed by one of our Infusion Coordinators.
- ☐ Signed and completed Benlysta Standard Order (our order form) with ICD diagnosis code
  - *Standard Order forms are available at lowcountryrheumatology.com/infusions/*
- ☐ Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy, and how long patient has been on Benlysta.
- ☐ Lab results and/or tests to support diagnosis.
  - Pre-Screening:
    - **Required ANA results and date of test**
    - **Most recent Rapid 3 (if available)**
- ☐ Please indicate name and direct phone number of a contact within your office that we can speak with to obtain any additional information:
  - Name: _____
  - Phone Number: _____

Paperwork can be faxed or emailed to (404) 528-1852, argpriorauth@articularishealthcare.com

Arthritis & Rheumatology of GA

Prior Authorization Department will assist you with any questions at

(404) 255-5956 extension:910

Arhtritis & Rheumatology of GA services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our Infusion Coordinators will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available co-pay assistance as required. Thank you for the referral!

Arthritis & Rheumatology of GA Use Only Existing Patient Yes____ No____ Physician _____

Updated September 16, 2019

Standard Orders for Benlysta (belimumab) Administration

Patient _____DOB_____ Date_____

***NOTE**: Patient is ineligible to receive Benlysta if they have suspected infectious process or is receiving antibiotic for active infectious process.

Indication:

□ M32.9 Systemic lupus erythematosus, unspecified	□ M32.10 Systemic lupus erythematosus, organ or system involvement unspecified	□ Other _____

History:

□ ANA date: _____ □ Result: _____

□ Current SLE Therapy: _____

□ Prior SLE Therapy: _____

Orders:

□ Standard Order Protocol:

- Obtain patient weight each visit
- Evaluate patient for active infections, prior or upcoming surgical procedures, medication allergies, or any current health concerns as noted on Infusion Record
- Evaluate patient for uncontrolled or worsening depression
- Verify patient is not currently on Cytoxan or other biologic therapy
- Baseline vitals will be obtained prior to administration, and at the end of the infusion (or hourly if infusion > 1 hour length until infusion is complete) and more frequently if patient's condition warrants it.
- Titrate infusion over 1 hour as recommended in GSK Infusion Guide
- **If infusion reaction occurs, slow or stop infusion, and initiate infusion reaction protocol per Articularis Healthcare Policy and Procedure Manual.**
- Discharge instructions to include possible infusion side effects and follow-up appointment schedule

Dose:

□ Standard Dose Protocol

- Benlysta 10mg/kg reconstituted with sterile water per protocol and infused in 250cc of 0.9% Normal Saline
- Initiation of Benlysta to be administered at week(s) 0, 2, 4
- Maintenance dose every 4 weeks

Premedicate:

□ No pre-med

□ Pre-medicate x 1 dose 30 minutes prior to each infusion with:

□ 1000 mg Acetaminophen PO □ 25mg Benadryl PO/IV □ 150mg Ranitidine PO □ 125mg Solu-Medrol IV

□ Other _____

Additional orders/comments:

_____

_____

Practice Name: _____

Physician Name: _____

Physician Signature: _____

Date: _____

NPI: _____

State License: _____

DEA #: _____

UPIN: _____