

TwelveStone Health Partners

Fax Referral To: (615) 278-3355

Direct Phone: (844) 893-0012

Email: intake@12stonehealth.com

**BENLYSTA ORDER FORM**

Date: _____	ICD-10 Code: _____	Therapy Status
Patient Name: _____	Allergies: _____	<input type="checkbox"/> New Start
Date of Birth: _____	Weight: _____ lbs OR _____ kg	<input type="checkbox"/> Continuing Therapy: Last Dose: _____

Provider Information

Ordering Provider: _____	Provider Fax: _____
Provider NPI: _____	Provider Address: _____
Provider Phone: _____	

MEDICATION ORDER**Benlysta**

- Administer Benlysta 10mg/kg IV every 2 weeks for a total of three doses, followed by Benlysta 10mg/kg IV every four weeks per protocol.
- Administer Benlysta 10mg/kg IV every four weeks per protocol.
- Administer Benlysta _____ mg/kg IV every _____ weeks per protocol.

Refills for one year from date of signature unless indicated below.

_____ Refills

PRE-MEDICATIONS**Oral**

- Acetaminophen: _____ 325mg _____ 500mg _____ 650mg
- Loratadine: 10mg
- Cetirizine: 10mg
- Diphenhydramine: _____ 25mg _____ 50mg
- Famotidine: _____ 20mg _____ 40mg
- Ibuprofen: _____ 200mg _____ 400mg _____ 600mg
- Ondansetron: _____ 4mg _____ 8mg
- Other: _____

IV

- Dexamethasone: _____ 4mg _____ 8mg
- Diphenhydramine: _____ 25mg _____ 50mg
- Famotidine: _____ 20mg _____ 40mg
- Methylprednisolone: 125mg
- Hydrocortisone: 100mg
- Ondansetron: _____ 4mg _____ 8mg
- Other: _____

LAB ORDERS (please indicate any labs to be drawn and frequency)**OTHER REQUIRED DOCUMENTATION**

Surveillance lab ordering and monitoring is the responsibility of the prescriber

(Please fax this signed order form, along with the following documents to 800-223-4063)

- History & Physical, Last Office Visit Note
- Patient Demographics and Insurance Information
- Medication List
- Recent Lab Work

By signing below, I certify that the above therapy is medically necessary. **Prescriber's Signature (SIGN BELOW)**

Dispense as Written:

Substitution Allowed:

Prescriber Name_____
Date_____
Prescriber Name_____
Date