



# LUPUS REFERRAL FORM

Phone: 855.896.9254 Fax: 877.645.7514  
10004 S. 152nd St, Suite A, Omaha NE 68138

Patient Information PLEASE FAX INSURANCE CARD (FRONT AND BACK)			Prescriber Information		
Last Name	First Name	DOB	Practice/Facility Name		
Address			Address		
City	State	ZIP	City	State	ZIP
SSN			Prescriber Name		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Weight (kg)	Height (ft.in)	Prescriber NPI		
Emergency Contact		Phone	Nurse/Key Contact		Phone/Pager
Insurance Plan		Plan ID #	Fax		

Diagnosis/Clinical Information				
ICD-10-CM:	M32.10 Systemic lupus erythematosus	M32.9 Systemic lupus prythematosus, unspecified	Other:	
Patient previously treated for lupus: No Yes				
Previous therapies:				
Current therapies:				
Medication list:				
Pre-medications (to be taken _____minutes prior to infusion):				
Allergies:				
Drug	Strength	Directions	QTY	Refill
Site of care for patient: Office Infusion center Home health agency				

Prescription Information				
MEDICATION	STRENGTH	DIRECTIONS	QTY	REFILLS
Benlysta (Initial Dosing) (belimumab) Current weight: _____kg	120mg (5mL vial)	Initial dosing: Infuse 10mg/kg IV over one hour every 2 weeks for first 3 doses Total dose: _____mg	QS	0
	400mg (20mL vial)			
Benlysta (Maintenance Dosing) (belimumab) Current weight: _____kg	120mg (5mL vial)	Maintenance dosing: Infuse 10mg/kg IV over one hour every 4 weeks Total dose: _____mg	QS	
	400mg (20mL vial)			

Date needed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Medication delivery to (choose one): Prescriber Other:

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary," or your state-specific required language to prohibit substitution: \_\_\_\_\_

PRESCRIBER MUST MANUALLY SIGN - STAMP SIGNATURE, SIGNATURE BY OTHER PERSONNEL AND COMPUTER-GENERATED SIGNATURES WILL NOT BE ACCEPTED

PRODUCT SUBSTITUTION PERMITTED/Brand exchange permitted (Date) DISPENSE AS WRITTEN/Do Not Substitute (Date)

I authorize Amber Pharmacy and its representatives to act as my agent in order to initiate and execute the insurance prior authorization process and, in doing so, to release clinical information via phone to the appropriate third party payer.

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