

Fax form to:

Billings - 719.300.4068
Great Falls - 406.384.7002
Boise - 208-488-4998

Colorado Springs - 719.300.4068
Grand Junction - 970.822.7700

INFUSION ORDERS BENLYSTA (belimumab)

Patient's Information

Date of Referral

First Name

Last Name

M.I.

Date of Birth

Address

City

State

ZIP Code

Phone

WT (kg)

HT (in)

Diagnosis

Allergies

***Please fax most recent labs and any labs pertinent for this drug.**

*ICD 10 CODE

*** Please include supporting clinical documentation for the specified ICD 10 Code as well as demographic and insurance information. This is necessary to ensure payment by the insurance carrier. Please fax with this order form. Initial appointment date and time will be verified after insurance approval.**

BENLYSTA DOSING

Benlysta 10mg/kg at 0, 2, and 4 weeks; then Q 4 weeks

Refills:

Benlysta 10mg/kg Q 4 week

Refills:

***Infusion Nurse – Use Benlysta Vial Calculator**

Prescribing Provider

Address

City

State

ZIP Code

Provider
Signature

Date

Provider Phone

Provider Fax