



INFUSION ORDERS BENLYSTA (belimumab)

Fax form to:

CO - Colorado Springs - 1.719.623.0085 ID - Boise - 1.208.545.3214
 CO - Grand Junction - 1.970.404.8100 ID - Twin Falls - 1.208.487.7679
 CO - Lone Tree - 1.720.246.2925 MT - Billings - 1.406.206.0105
 FL - Bonita Springs - 1.239.237.5547 MT - Great Falls - 1.406.794.0555
 FL - Jacksonville - 1.904.830.0718 UT - Salt Lake City - 1.801.852.0999

Note: you must enter a 1 before the fax number

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

BUFN

Provider Phone

Provider Fax