

Benlysta (belimumab)

Infusion orders



DELIVERITTM
Infusion & Specialty

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Patient Demographic Information

(Or Attach Face Sheet from Patient Chart)

Patient Name		DOB		Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Weight	_____lbs <input type="checkbox"/>	kg <input type="checkbox"/>
SSN		Phone		Allergies					
Address				City		State		Zip Code	

Patient Insurance Information

(Or Attach Face Sheet from Patient Chart)

Primary Insurance		Name of the Insured		Relationship	
Member ID#		Group #		Insurance Phone #	
Secondary Rx Carrier		Rx ID #		Rx Group #	

Medical Information

New Restart Continuing Next treatment date/Date needed by: _____

Special Pharmacy requested: _____

Special Pharmacy ship to:

Patient Address (BENLYSTA SC only) Prescribing Physician's office Administering Physician's office HOPD ASOC

MEDICATION	STENGTH/FORM	QTY	DIRECTION FOR ADMINISTRATION	REFILL
BENLYSTA SC	200 mg in a 1-ml single dose autoinjector (box of 4)			
BENLYSTA SC	200 mg in a 1-ml single dose prefilled glass syringe (box of 4)			
BENLYSTA IV	120 mg in a 5-ml single-use vial			
BENLYSTA IV	400 mg in a 20ml single-use vial			

JCode: J0490 Diagnosis Systemic Lupus Erythematosus ICD-10 Code: _____

Other: _____ ICD-10 Code: _____

Allergies: _____

Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached

Date of last ANA Test: _____ Copy of documentation attached

Labs: Required to be drawn by: Infusion Clinic Referring Physician

Labs Orders: _____

BENLYSTA ORDERS

BENLYSTA Initial Dose: 10mg/kg IV at 0, 14 days, 28 days, then every 28 days thereafter

Maintenance: 10mg/kg IV every 28 days

