

# Benlysta® (belimumab) Referral Form



**Patient Preferred Clinic** (select one):

## PATIENT INFORMATION

Referral Status:  New Referral  Updated Order  Order Renewal

DOB:	Patient Name:	Patient Phone:
Patient Address:		Patient Email:
NKDA Allergies:		Weight (lbs/kg): Height:
ICD-10 code (required):	ICD-10 description:	Last Treatment Date: Last 4 SSN:

## PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:
Ordering Provider:	Provider NPI:
Referring Practice Name:	Phone: Fax:
Practice Address:	City: State: Zip Code:

## NURSING

Infusion to be administered per VIVO protocols.

## LABORATORY ORDERS

- CBC at each dose every \_\_\_\_\_
- CMP at each dose every \_\_\_\_\_
- CRP at each dose every \_\_\_\_\_

\*\*Vivo Infusion will perform pregnancy screening prior to every infusion per Vivo policy

## PREMEDICATIONS

- acetaminophen (Tylenol) 500 mg 650 mg 1000 mg PO
- cetirizine (Zyrtec) 10 mg PO
- loratadine (Claritin) 10 mg PO
- diphenhydramine (Benadryl) 25 mg 50mg PO IV
- methylprednisolone (Solu-Medrol) 40mg 125mg IV
- hydrocortisone (Solu-Cortef) 100mg IV
- Other: \_\_\_\_\_
- Dose: \_\_\_\_\_
- Route: \_\_\_\_\_
- Frequency: \_\_\_\_\_

## BENLYSTA THERAPY ADMINISTRATION

**Initial/Reloading Dosing and then Maintenance Dosing:** 10 mg/kg IV on 0, 2, 4 weeks and then every 4 weeks

**Maintenance Dosing Only:** 10 mg/kg IV every 4 weeks

## REQUIRED DOCUMENTATION

Patient Demographics

Insurance Card/Information

Progress Notes Supporting DX

Medication List and H&P

ANA

\*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. \*\*Order is valid for one year unless otherwise noted\*\*

Provider Name (Print) \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

## Fax Numbers

Virginia: 804-500-5941	Nevada: 702-489-5744	Massachusetts: 800-540-1852
Colorado: 303-418-4679	New Jersey: 609-955-3711	Pennsylvania: 215-399-9244
Florida: 904-930-4211	Ohio: 216-400-0674	New York: 800-540-1852
Texas: 469-340-0044	Oklahoma: 918-770-4421	Connecticut: 203-724-4838

**Have a Question? (720) 902-4111**  
**Email Referrals To: [referrals@vivoinfusion.com](mailto:referrals@vivoinfusion.com)**  
**Email Specialty Referrals to: [info@specialtyinfusion.com](mailto:info@specialtyinfusion.com)**

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