

**Checklist for Benlysta (belimumab) Referral**  
*Required documentation for all initial referrals*

Patient \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_  New Start  Maintenance

Please return **completed** checklist and checklist items for an infusion referral:

- Patient demographics (e.g. address, phone number, SSN, etc.)
- Insurance information and copy of insurance card(s). Please indicate the insurance that is primary, and the insurance that is secondary, if applicable, and the subscriber's date of birth.
  - If insurance requires prior authorization, please provide the phone number and allow up to 15-30 days for this to be completed by one of our Infusion Coordinators.
- Signed and completed Benlysta Standard Order (our order form) with ICD diagnosis code
  - *Standard Order forms are available at [lowcountryrheumatology.com/infusions/](http://lowcountryrheumatology.com/infusions/)*
- Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy, and how long patient has been on Benlysta.
- Lab results and/or tests to support diagnosis.
  - Pre-Screening:
    - **Required ANA results and date of test**
    - **Most recent Rapid 3 (if available)**
- Please indicate name and direct phone number of a contact within your office that we can speak with to obtain any additional information:
  - Name: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_

**Paperwork can be faxed to (843)-793-6181**

Infusion Coordinators can assist you with any questions at  
**(843)-572-8932**

Low Country Rheumatology Infusion Locations

Please mark preferred location and we will do our best to accommodate, however we cannot make any guarantees.

**Summerville**

2001 2nd Ave, Suite 201, Summerville, SC 29486

**Mount Pleasant**

1100 JohnnieDodds Blvd, Mt. Pleasant, SC 29464

**West Ashley**

2291 Henry Tecklenburg Drive, Charleston, SC 29414

Low Country Rheumatology Infusion Services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our Infusion Coordinators will notify you if any further information is required. The patient will have an annual 30-minute consult with our NP to obtain H&P for chart. We will review financial responsibility with the patient and refer them to any available co-pay assistance as required. Thank you for the referral!

**Low Country Rheumatology Use Only** Existing Patient Yes \_\_\_\_\_ No \_\_\_\_\_ Physician \_\_\_\_\_

### Standard Orders for Benlysta (belimumab) Administration

Patient \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

**\*NOTE:** Patient is ineligible to receive Benlysta if they have suspected infectious process or is receiving antibiotic for active infectious process.

**Indication:**

|  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> M32.9 Systemic lupus erythematosus, unspecified | <input type="checkbox"/> M32.10 Systemic lupus erythematosus, organ or system involvement unspecified | <input type="checkbox"/> Other _____ |
|--|---|--------------------------------------|

**History:**

ANA date: \_\_\_\_\_  Result: \_\_\_\_\_

Current SLE Therapy: \_\_\_\_\_

Prior SLE Therapy: \_\_\_\_\_

**Orders:**

- Standard Order Protocol:
  - Obtain patient weight each visit
  - Evaluate patient for active infections, prior or upcoming surgical procedures, medication allergies, or any current health concerns as noted on Infusion Record
  - Evaluate patient for uncontrolled or worsening depression
  - Verify patient is not currently on Cytoxan or other biologic therapy
  - Baseline vitals will be obtained prior to administration, and at the end of the infusion (or hourly if infusion > 1 hour length until infusion is complete) and more frequently if patient’s condition warrants it.
  - Titrate infusion over 1 hour as recommended in GSK Infusion Guide
  - **If infusion reaction occurs, slow or stop infusion, and initiate infusion reaction protocol per Articularis Healthcare Policy and Procedure Manual.**
  - Discharge instructions to include possible infusion side effects and follow-up appointment schedule

**Dose:**

- Standard Dose Protocol
  - Benlysta 10mg/kg reconstituted with sterile water per protocol and infused in 250cc of 0.9% Normal Saline
  - Initiation of Benlysta to be administered at week(s) 0, 2, 4
  - Maintenance dose every 4 weeks

**Premedicate:**

- No pre-med
- Pre-medicate x 1 dose 30 minutes prior to each infusion with:
  - 1000 mg Acetaminophen PO     25mg Benadryl PO/IV     150mg Ranitidine PO     125mg Solu-Medrol IV
  - Other \_\_\_\_\_

**Additional orders/comments:**

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Practice Name: \_\_\_\_\_

NPI: \_\_\_\_\_

Physician Name: \_\_\_\_\_

State License: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

DEA #: \_\_\_\_\_

Date: \_\_\_\_\_

UPIN: \_\_\_\_\_