

BENLYSTA (belimumab) Infusion Orders

Patient Name: _____ DOB: _____ ☐ M ☐ F

☐ NKDA Allergies: _____

☐ New Start therapy ☐ Continuation of Therapy Date of last dose (if applicable): _____

Ordering Provider: _____ Provider NPI: _____

Practice Phone: _____ Practice Fax: _____

Diagnosis *(please provide ICD-10 code):*

_____ Systemic Lupus Erythematosus (SLE)

_____ (other)

Pre-Medication:

- ☐ Tylenol 1000mg PO ☐ Solu-Medrol 125mg IVP
☐ Cetirizine 10mg PO ☐ Solu-Cortef 100mg IVP
☐ Diphenhydramine 25mg PO ☐ Diphenhydramine 25mg IVP
☐ Other: _____

Required Documents:

- ☒ Patient Demographic Sheet
☒ Clinical/Progress notes, labs, tests supporting primary diagnosis *(please attach)*
☒ ANA lab result & date *(please attach)*

BENLYSTA ORDERS:

Dosing: ☒ Mix in 250ml 0.9% sodium chloride and administer intravenous infusion over 1 hour

☐ 10mg/kg IV

☐ Other: _____

Pt. weight: _____
(ensure unit of measure is noted)

Frequency: ☐ Induction & Maintenance: Dose at weeks 0, 2, and 4, then every 4 weeks

☐ Maintenance Only: Dose every 4 weeks

☐ Other: _____

Refills: _____ *(if not indicated, Rx will expire one year from date signed)*

Red River Health Standing Orders:

- ☒ Provide treatment under Red River Health's Biologic Therapy Policy and Adverse Reaction Management Protocol. **Copy can be provided per request.*

Ordering Provider Signature: _____ Date: _____