



Benlysta (Belimumab)

Infusion & Subcutaneous Injection Order Form

Patient Information	
Patient Name:	DOB: M □ F □
Allergies:	
☐ New Treatment ☐ Continuing Treatment Last Treatment Date	te: Next Due Date:
Diagnosis and ICD 10 Code (Required) ☐ Active Systemic Lupus Erythematosus (SLE) ICD 10 Code: M32.9	Benlysta Medication Order
Required Labs TB/QuantiFERON (within 12 months & attach results)	Patient Weight: KG Infusion
Hepatitis B Status & Date:	Dosage □ 10mg/kg IV □ Othermg/kg
ANA (anti-nuclear Ab) and/or anti-dsDNA (within 12 months & attach results)	Frequency Induction week 0, 2, 4 then every 4 weeks
Pregnancy Test Status & Date: Most recent CBC & CMP (attach results)	☐ Maintenance every 4 weeks ☐ Other
Pre-Medication Orders Acetaminophen (Tylenol) □ 500mg □ 650mg □ 1000mg □ PO Diphenhydramine (Benadryl) □ 25mg □ 50mg □ PO □ IV Methylprednisolone (Solu-Medrol) □ 125mg □ IV Ondansetron (Zofran) □ 4mg □ 8mg □ PO □ IV Other: Route:	Subcutaneous Injection Dosage 200mg Frequency weekly Other
Nursing Provide nursing care per Smart Infusion Nursing Procedures, Including reaction management and post-procedure observation. Special Instructions / Notes	Required Documents ☐ Patient Demographic Sheet ☐ H & P within the past 6 months ☐ Current Medication List ☐ Clinical & Progress Notes (including last infusion note) ☐ Copy of Insurance Card (Front/Back)
	Location ☐ Eau Claire ☐ Weston ☐ Middleton
Provider Information	
Provider Name:	Provider NPI:
Office Phone: Office Fax:	

Provider Signature: _____ Date: _____