



## Benlysta (Belimumab) Infusion & Subcutaneous Injection Order Form

### Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

Allergies: \_\_\_\_\_

New Treatment     Continuing Treatment    Last Treatment Date: \_\_\_\_\_    Next Due Date: \_\_\_\_\_

### Diagnosis and ICD 10 Code (Required)

- Active Systemic Lupus Erythematosus (SLE) ICD 10 Code: M32.9
- Other: \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

### Required Tests (within 12 months & attach results)

TB/Quantiferon Status & Date: \_\_\_\_\_  
Hepatitis B Status & Date: \_\_\_\_\_  
ANA (anti-nuclear Ab) and/or anti-dsDNA Test Results: \_\_\_\_\_

### Required Labs (within 3 months & attach results)

CBC      Results \_\_\_\_\_  
CMP      Results \_\_\_\_\_  
CRP      Results \_\_\_\_\_

Pregnancy Test Status & Date: \_\_\_\_\_

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: \_\_\_\_\_

Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

### Nursing

Provide nursing care per Smart Infusion Nursing Procedures,  
Including reaction management and post-procedure observation.

### Special Instructions / Notes

### Provider Information

Provider Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Benlysta Medication Order**

**Patient Weight:** \_\_\_\_\_ KG

#### **Infusion**

##### Dosage

- 10mg/kg IV
- Other \_\_\_\_\_ mg/kg

##### Frequency

- Induction week 0, 2, 4 then every 4 weeks
- Maintenance every 4 weeks
- Other \_\_\_\_\_

#### **Subcutaneous Injection**

##### Dosage

- 200mg

##### Frequency

- weekly
- Other \_\_\_\_\_

### **Required Documents**

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical and Progress Notes