



**Belimumab (Benlysta)**

**Patient and Physician Information**

<b>Patient Name:</b>	<b>Date of Birth:</b>	<b>Patient Phone Number:</b>
<b>Physician Name:</b>	<b>Office Phone Number:</b>	<b>Fax Number:</b>
<b>Insurance:</b>	<b>Group Number:</b>	<b>Policy Number:</b>
<b>Hospitalization Status:</b>	<b>Patient Weight (kg):</b>	<b>Height (inches):</b>
<input checked="" type="checkbox"/> Outpatient to Outpatient Infusion Center		
<b>Allergies:</b>		

\*\*\*Send patient demographics/insurance, clinical notes, and test results with orders\*\*\*

**Diagnosis Code/Description for treatment:**

- ☐ Systemic Lupus Erythematosus (SLE) - M32
- ☐ Other forms of Systemic Lupus Erythematosus (SLE) - M32.8
- ☐ Systemic Lupus Erythematosus (SLE), unspecified - M32.9

**Orders**

Initiate IV Vascular Access Flush Orders #0643 for: ☐ Peripheral Line ☐ Midline ☐ PICC ☐ Port

☒ Normal Saline 0.9% Solution 20 milliliter/hour INTRAVENOUS (J7050 : 250 ML = 1 unit)

Other: \_\_\_\_\_

**Premedication**

- ☐ Diphenhydramine (Benadryl) 25 MG ORAL ONCE
- ☐ Acetaminophen (Tylenol) 325MG 2 TAB ORAL ONCE

**Infusion – Belimumab (Benlysta) [J0490 : 10 MG = 1 unit]**

- ☒ Belimumab (Benlysta) 10 milligram/kilogram INTRAVENOUS EVERY 2 WEEKS x 3 DOSES, followed by a maintenance dose EVERY 4 WEEKS. Pharmacy will round dose to the nearest vial size.

**Infusion Reaction**

- ☒ If infusion reaction occurs, stop the infusion IMMEDIATELY, notify physician with details of reaction AND initiate the Outpatient Infusion HYPERsensitivity, OIC orders #1024

**Discharge**

- ☒ Discharge home 30 minutes after treatment complete if stable.

**Date and Physician Signature**

DATE: \_\_\_\_\_  
10412508

TIME: \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE