



Belimumab (Benlysta)

Patient and Physician Information

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

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: _____
10412512

TIME: _____

PHYSICIAN'S SIGNATURE