

PATIENT INFORMATION

PATIENT NAME: _____ PHONE: _____
DATE OF BIRTH: _____ SEX: M F HEIGHT: _____ WEIGHT: _____ LBS KG
ALLERGIES: _____ PREFERRED CLINIC: _____
REFERRAL STATUS: NEW REFERRAL ORDER CHANGE ORDER RENEWAL

DIAGNOSIS & CLINICAL DOCUMENTATION

M32.9 Systemic Lupus erythematosus, unspecified
 M32.10 Systemic Lupus erythematosus, organ or system involvement unspecified
 M32.14 Glomerular disease in systemic lupus erythematosus
 M32.15 Tubulo-interstitial nephropathy in systemic lupus erythematosus
 ICD-10 CODE: _____ DESCRIPTION: _____

REQUIRED DOCUMENTATION

Insurance Information List of Medications Tried & Failed Therapies Most Recent History & Physical
 ANA, Anti-dsDNA, or Anti-RNP labs

MEDICATION ORDER

LOADING: Benlysta® (belimumab) 10mg/kg IV in 250ml NS over 60 minutes at week 0, week 2 and week 4
 MAINTENANCE: Benlysta® (belimumab) 10mg/kg IV in 250ml NS over 60 minutes EVERY 4 WEEKS
 REFILL X 12 MONTHS UNLESS OTHERWISE NOTED HERE:

Patient to be observed for 30 minutes following the first administration. Administer per protocol. In the event of an adverse reaction occurring in the infusion clinic, utilize the Immersiv Health adverse reaction protocol.

PRE-MEDICATIONS

PO
 Acetaminophen: 650 mg
 Cetirizine: 10 mg
 Diphenhydramine: 25 mg
IV
 Methylprednisolone: 125 mg
 Diphenhydramine: 25 mg
 OTHER: _____ PO IV

PRESCRIBER INFORMATION

PROVIDER NAME: _____ NPI #: _____
EMAIL: _____ PHONE: _____ FAX: _____
ADDRESS (INCLUDE CITY, STATE, ZIP): _____
SUPERVISING PHYSICIAN: _____ CONTACT NAME: _____
(IF APPLICABLE)

SIGNATURE: _____ DATE: _____
(NO STAMPS) SUBSTITUTION PERMITTED DISPENSE AS WRITTEN