

# BENLYSTA

(belimumab)

FAX to + 1 208.963.3245 or  
Email to [intake@infusionspecialists.org](mailto:intake@infusionspecialists.org)  
To ensure processing of your order,  
please complete all fields.



## PATIENT DEMOGRAPHICS

Patient Name:	Patient's Phone Number:
Date of Birth:	Address:
Allergies: See List <input type="checkbox"/> NKDA <input type="checkbox"/>	City, State, Zip:
Weight: _____ lbs or _____ kg	Patient's Email:

## REQUIRED DOCUMENTATION

- Insurance Card
- History & Physical
- Patient Demographics
- Most Recent Labs
- Tried/Failed Therapies
- ANA or anti-dsDNA Labs
- Medication List

## PRIMARY DIAGNOSIS

- M32.10 Systemic lupus erythematosus, organ or system involvement unspecified
- M32.14 Glomerular disease in systemic lupus erythematosus
- M32.19 Other organ or system involvement in systemic lupus erythematosus
- M32.8 Other forms of systemic lupus erythematosus
- M32.9 Systemic lupus erythematosus, unspecified
- Other: \_\_\_\_\_

## PRE-MEDICATIONS

Per infusion clinic protocol, there are no recommended standard pre-meds for Benlysta

- Provider Prescribed: \_\_\_\_\_

## PRIMARY MEDICATION ORDER

- Initial/Reload: Benlysta 10mg/kg IV at weeks 0, 2, 4, then every 4 weeks thereafter
  - Maintenance: Benlysta 10mg/kg IV every 4 weeks
  - Other: \_\_\_\_\_
- First Dose:  Y  N  Refill x12 months unless otherwise noted: \_\_\_\_\_

## LINE USE/CARE ORDERS

- Start PIV/ACCESS CVC  Flush device per Infusion Specialists' protocol (See [infusionspecialist.org](http://infusionspecialist.org) for detailed policy)
- Other Flush Orders: Please fax other line care orders if checking this box

## ADVERSE REACTION & ANAPHYLAXIS ORDERS

- Administer acute infusion reaction and anaphylaxis medications per Infusion Specialists' protocol (See [infusionspecialist.org](http://infusionspecialist.org) for detailed policy)
- Other: Please fax other reaction orders if checking this box

## PROVIDER INFORMATION: PLEASE CHECK PREFERRED FORM OF COMMUNICATION

Provider Name:	Office Contact:
Address:	Phone:
City, State, Zip:	<input type="checkbox"/> Fax:
NPI AND License:	<input type="checkbox"/> Email:

Provider Signature \_\_\_\_\_

Date \_\_\_\_\_