



Benlysta (Belimumab) IV Infusion Order Form

 405-442-7577  405-442-7223

 orders@premierinfusioncenter.com

◆ **Patient Information**

Full Name: _____ DOB: ____ / ____ / ____

Phone: _____ Email: _____

Address: _____

- Weight: _____ lb/kg
- Allergies: ☐ NKDA ☐ _____
-  Treatment Status: ☐ New ☐ Continued Last Treatment: ____ / ____ / ____

◆ **Diagnosis (ICD-10 Selection)**

- ☐ **M32.9** – Systemic lupus erythematosus, unspecified
- ☐ **M32.0** – Drug-induced systemic lupus erythematosus
- ☐ **M32.10** – SLE with organ or system involvement, unspecified
- ☐ **M32.11** – SLE with lung involvement
- ☐ **M32.12** – SLE with kidney involvement
- ☐ **M32.13** – SLE with gastrointestinal involvement
- ☐ **Other:** _____ **ICD-10 Code:** _____

◆ **Infusion Order**

- ☐ 10 mg/kg IV once every 2 weeks (initial 3 doses)
- ☐ 10 mg/kg IV once every 4 weeks (maintenance)
- Infuse over approximately 1 hour
- Refills: _____

◆ **Line Use & Access**

- ☐ Start PIV ☐ Access CVC ☐ Use PICC Line ☒ Flush per standard infusion protocol

◆ **Adverse Reaction & Anaphylaxis Orders**

- ☒ Premier Infusion Center Protocol (premierinfusioncenter.com)
☐ Other – please fax preferred reaction orders to **405-442-7223**

◆ **Premedication**

- ☐ Acetaminophen: ☐ 500 mg ☐ 1000 mg ☐ PO
- ☐ Diphenhydramine: ☐ 25 mg ☐ 50 mg ☐ PO ☐ IV
- ☐ Solu-Medrol: ☐ 125 mg ☐ IV
- ☐ Other: _____ Dose: _____ Route: _____

◆ **Laboratory Monitoring**

- ☐ CBC ☐ CMP ☐ CRP ☐ ANA ☐ C3/C4 ☐ Other: _____
- ☐ Frequency: ☐ Each dose ☐ Monthly ☐ Other: _____
- ☐ Physician office will order labs only

◆ **Clinical Documentation Checklist**

- ☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list

◆ **Ordering Provider & Demographics**

- Name: _____
- NPI: _____ License #: _____
- Contact: _____ Phone: _____ Fax: _____
- Email: _____
- Signature: _____ Date: ____ / ____ / ____