

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____ Sex: M / F Ht: _____ Wt: _____ lbs / kg
Primary Language: _____ Allergies: _____
Patient Preferred Location: _____

<ICD 10 CODE REQUIRED>

DIAGNOSIS & CLINICAL INFORMATION

ICD 10 Code

M32.10 Systemic Lupus Erythematosus,
Organ or System Involvement Unspecified
Other: _____

REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.
LAB RESULTS: Positive autoantibody results: i.e. Anti-dsDNA, Antinuclear Antibody (ANA), Anti-Smith.

PRESCRIPTION

Pre-Medications

Acetaminophen: 650 mg PO
 Cetirizine: 10 mg PO
 Diphenhydramine: 25 mg PO
 Diphenhydramine: 25 mg IVP
 Famotidine: 20 mg PO
 Methylprednisolone: 125 mg SIVP
Other: _____

Benlysta (belimumab)

Loading Dose:

IV: Infuse 10 mg/kg in 250 mL of 0.9% Sodium Chloride over at least 60 minutes at weeks 0, 2, and 4

Maintenance Dose:

IV: Infuse 10 mg/kg in 250 mL of 0.9% Sodium Chloride over at least 60 minutes every 4 weeks for one year

Patient Weight: _____ lbs or _____ kg

In the event of an adverse reaction occurring at a Medix Infusion suite, utilize the Medix Infusion adverse reaction protocol.

Post Treatment Observations: The patient is observed for 30 minutes following the first infusion.

Comments: _____

PRESCRIBER INFORMATION

Prescriber Name: _____ **Signature:** _____

Date: _____ NPI #: _____ Specialty: _____

Supervising Physician: _____ (If Applicable)

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Fax: _____ Email: _____