

PATIENT INFORMATION

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

DIAGNOSIS & CLINICAL INFORMATION

<ICD 10 CODE REQUIRED>

ICD 10 Code

- M32.10 Systemic Lupus Erythematosus, Organ or System Involvement Unspecified
- M32.15 Tubulo-interstitial Nephropathy in Systemic Lupus Erythematosus

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
- Cetrizine: 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

- 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

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

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

Comments: _____

PRESCRIBER INFORMATION

Prescriber Name: _____ **Signature:** _____
Date: _____ **NPI#:** _____ **Specialty:** _____
Supervising Physician: _____ (If Applicable)
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Contact Name: _____ **Phone:** _____ **Fax:** _____ **Email:** _____