

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

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
- 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

Is the patient on any other disease modifying therapy? **Yes** **No**

If yes, please note therapy and last dose: _____

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

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

Comments:

PRESCRIBER INFORMATION

Prescriber Name: _____ Signature: _____

Date: _____ NPI #: _____ Specialty: _____

Supervising Physician: _____ (If Applicable)

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

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