

Patient Information

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

Diagnosis

ICD 10 Code

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

Medication Order

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: _____

Lab Orders+

Requested Add'l Lab Orders:

Lab Frequency: _____ every _____ weeks

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

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

Comments:

Required Clinical Documentation

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.

Is the patient on any other disease modifying therapy? Yes No
If yes, please note therapy and last dose:

LAB RESULTS: Positive autoantibody results: i.e. Anti-dsDNA, Antinuclear Antibody (ANA), Anti-Smith.

Referring Provider Information

Signature: _____ Date: _____

Prescriber Name: _____ NPI #: _____ Specialty: _____

Supervising Physician: _____ (If Applicable)

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

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