

## Benlysta (Belimumab) Infusion Orders

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Diagnosis (please provide ICD10 code) \_\_\_\_\_

Other: \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_

New Start Therapy  Continuation of Therapy Date of last dose (if applicable): \_\_\_\_\_

### Ordering Provider:

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### PRE-MEDICATION

- Acetaminophen 1000mg  Solu-Medrol 125mg IVP  
 PO Diphenhydramine 25mg  Solu-Cortef 100mg IVP  
 PO Ceterizine 10mg PO  Diphenhydramine 25mg IVP

### REQUIRED DOCUMENTS:

- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis (please attach)

### BENLYSTA ORDERS

#### DOSING:

- Mix Benlysta in 250ml 0.9% sodium chloride and administer intravenous infusion over one hour

Dose: 10mg/kg = \_\_\_\_\_ mg  Other: \_\_\_\_\_ mg

#### FREQUENCY:

- Induction and Maintenance:** Week 0, 2, 4, and then every 4 weeks

- OR Maintenance Only:** Every 4 weeks

- Other: \_\_\_\_\_

#### REFILLS:

- \_\_\_\_\_

*(if not indicated prescription will expire one year from date signed)*

#### Sage Infusion Standing Orders:

- Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date