



Fax your completed order to 877-734-1157

Patient Name: _____ DOB: ____/____/____ Date of Last Infusion: _____
Height ____/____ Weight _____ Infusion Location: (state and site) _____

Benlysta® (belimumab) Infusion Orders

Diagnosis (please provide ICD-10 code in space provided):
____ Systemic lupus erythematosus (ICD-10) Other: _____ (ICD-10)

- Hold infusion and notify provider for:
 o Abnormal vital signs or signs or symptoms of illness or active infection
 o Planned/recent surgical procedures or recent live vaccinations
 o New/worsening neurological symptoms or mood changes
 • Document weight at each appointment
 • Record vital signs before infusion, then every 30 minutes until patient discharge
 • If an infusion-related reaction occurs, stop infusion and follow Hypersensitivity Reaction Management Protocol as clinically indicated

Premedication: _____

Administer Benlysta 10mg/kg x _____ kg = _____ mg in 250ml NS over 60mins

Observation Period Mandatory for all patients every visit. If patient refuses to stay, ROR form may be signed to waive observation period after _____ infusions:

- Following first two treatments, monitor patient for post infusion-observation period of one hour
 • For all subsequent treatments, monitor patient for 30 minutes
 • Record vital signs prior to discharge

Frequency (chose one):

- On Week 0, Week 2, Week 4, then every 4 weeks
 Every 4 weeks
 Every _____ weeks

Additional Orders:

Provider Name (print) _____ Date: _____

Provider Signature: _____ Time: _____