

# Benlysta Order

(Belimumab)



Ph: 805-719-3700 | Fax: 805-852-2636

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Treatment Location: \_\_\_\_\_

**\*Please fax a copy of the following patient information:**  Demographics  Insurance Information  Current Lab Results  
 H & P Relevant to the Diagnosis  Current Medications

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Weight: \_\_\_\_\_ lbs / kg Height: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10: \_\_\_\_\_

## PROVIDER INFORMATION

Printed Provider's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## PRE-MEDICATIONS:

Benadryl:  PO  IV  25mg  50mg  Pre-med  PRN

Acetaminophen:  PO  650mg  Pre-med  PRN

Zyrtec:  PO  10mg  Pre-med  PRN

## BENLYSTA (BELIMUMAB) IV DOSAGE

Dose: \_\_\_\_\_ (10 mg/kg) Start Date of Infusion: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Loading Dose: every 2 weeks x 3 doses (days 0, 14, 28) then every 4 weeks