



### **Benlysta (Belimumab) IV Infusion Order Form**

Phone: 614-407-1621 Fax: 614-413-3877

orders@fusiondriphydration.com

#### **Patient Information**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

- Weight: \_\_\_\_\_ lb/kg
- Allergies:  NKDA  \_\_\_\_\_
- Treatment Status:  New  Continued Last Treatment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### **Diagnosis (ICD-10 Selection)**

- M32.9** – Systemic lupus erythematosus, unspecified
- M32.0** – Drug-induced systemic lupus erythematosus
- M32.10** – SLE with organ or system involvement, unspecified
- M32.11** – SLE with lung involvement
- M32.12** – SLE with kidney involvement
- M32.13** – SLE with gastrointestinal involvement
- Other: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

#### **Infusion Order**

- 10 mg/kg IV once every 2 weeks (initial 3 doses)
- 10 mg/kg IV once every 4 weeks (maintenance)
- Infuse over approximately 1 hour
- Refills: \_\_\_\_\_

#### **Line Use & Access**

- Start PIV  Access CVC  Use PICC Line  Flush per standard infusion protocol

#### **Adverse Reaction & Anaphylaxis Orders**

- Fusiondrip Hydration & Wellness Protocol (fusiondriphydration.com)
- Other – please fax preferred reaction orders to 614-413-3877

### **Premedication**

- Acetaminophen:  500 mg  1000 mg  PO
- Diphenhydramine:  25 mg  50 mg  PO  IV
- Solu-Medrol:  125 mg  IV
- Other: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

### **Laboratory Monitoring**

CBC  CMP  CRP  ANA  C3/C4  Other: \_\_\_\_\_

Frequency:  Each dose  Monthly  Other: \_\_\_\_\_

Physician office will order labs only

### **Clinical Documentation Checklist**

Recent progress notes  Last H&P  Lab results  Medication list

### **Ordering Provider & Demographics**

- Name: \_\_\_\_\_
- NPI: \_\_\_\_\_ License #: \_\_\_\_\_
- Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- Email: \_\_\_\_\_
- Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_