

BENLYSTA (BELIMUMAB) IV INFUSION ORDER FORM

Full Name: Date of Birth:

Phone Number: Email Address:

Address:

Weight: lb/kg Allergies: ☐ NKDA ☐

Treatment Status: ☐ New ☐ Continued **Last Treatment Date:**

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
- ☐ M32.12 – SLE with kidney involvement
- ☐ M32.13 – SLE with gastrointestinal involvement
- ☐ Other: ☐ ICD-10 CODE:

INFUSION ORDER

- ☐ 8 mg IV in 250 mL 0.9% sodium chloride every 2 weeks
- ☐ 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 injection protocol

ADVERSE REACTION & ANAPHYLAXIS ORDERS

- ☒ Kaison Infusion Center Protocol (www.kaisoninfusion.com)
- ☐ Other - please fax preferred reaction orders to (405) 237-6305

PREMEDICATION (OPTIONAL)

- ☐ Acetaminophen: 500 mg ☐ 500 mg ☐ 1000 mg ☐ PO
- ☐ Diphenhydramine: ☐ 25 mg ☐ 50 mg ☐ PO
- ☐ Solu-Medrol: ☐ 125 mg ☐ IV ☐ 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: