

# Benlysta (Belimumab)

Infusion Order Form – Page 1 of 1



## Clinic Location

- ☐ **Harbor Health Park Bend Clinic**  
2200 Park Bend Drive, Bldg 2, Suite 300, Austin, TX 78758  
P: (855) 481-8375  
F: (512) 233-2288

## Patient Information

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
ICD-10 code (required): \_\_\_\_\_ ICD-10 description: \_\_\_\_\_  
☐ NKDA Allergies: \_\_\_\_\_ Weight (lbs/kg): \_\_\_\_\_ Height: \_\_\_\_\_  
Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

## Provider Information

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_  
Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Supporting Documents/Information (Please provide all of the following)

- Patient insurance information
- Patient medication list
- Supporting clinical notes (H&P) to support primary diagnosis
- If patient is autoantibody positive attach documentation  
- Document the patient's SELENA-SLEDAI Score)

## Orders

### NURSING

- ☒ Nursing care per [Harbor Health Nursing Procedures](#) and  
[Harbor Health Adverse Reaction Management Protocol](#).

### LABORATORY

- ☐ CBC ☐ at each dose ☐ every \_\_\_\_\_  
☐ CMP ☐ at each dose ☐ every \_\_\_\_\_  
☐ CRP ☐ at each dose ☐ every \_\_\_\_\_  
☐ Other: \_\_\_\_\_

### PRE-MEDICATION

- ☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO  
☐ cetirizine (Zyrtec) 10mg PO  
☐ loratadine (Claritin) 10mg PO  
☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV  
☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV  
☐ hydrocortisone (Solu-Cortef) ☐ 100mg IV  
☐ Other: \_\_\_\_\_  
Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

### THERAPY

- ☒ **Belimumab** (Benlysta) in 250ml 0.9% sodium chloride, intravenous infusion over one hour. **Do not use any Dextrose-containing solutions with Benlysta.**
- Dose: 10mg/kg
  - Route: ☒ Intravenous
  - Frequency: ☐ Induction: week 0, 2, 4, and then every 4 weeks  
☐ Maintenance: every 4 weeks  
☐ Other: \_\_\_\_\_
  - Infuse over one hour
- ☒ Flush with 0.9% sodium chloride at infusion completion
- ☒ Patient is required to stay for extended monitoring after first infusion. ☐ 1 hour / ☐ 2 hours / ☐ 3 hours
- ☒ For subsequent infusions, observe patient for a minimum of 30 minutes.

*\*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions.*

Provider Name (Print): \_\_\_\_\_

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

Date: \_\_\_\_\_