

Belimumab (Benlysta) Treatment Plan

Patient Name: _____ DOB: _____

Height (cm): _____ Weight (kg): _____ Allergies: _____

Diagnosis (select one):

- M32.10 Systemic lupus erythematosus, organ or system involvement unspecified
- Other: ICD 10 Code: _____ Diagnosis Description: _____

Pre-Medications: **administered 30 minutes prior to infusion**

- None
- Acetaminophen 650 mg PO
- Diphenhydramine: Dose: 25 mg 50 mg Route: PO or IVP
- Methylprednisolone: Dose: 40 mg or 125 Route: IVP
- Famotidine: Dose: 20 mg Route: PO or IVPB
- Other (include drug, dose, and route): _____

Drug Orders:

- Belimumab (Benlysta) (J0490) 10 mg/kg per 250 mL Sodium Chloride 0.9% IV to infuse over 1 hour
- Frequency: Induction: Weeks 0, 2, and 4 weeks then every 4 weeks thereafter
 Maintenance: every 4 weeks
 Other: _____
- Order Duration: Six months unless otherwise specified (Other: _____)

Standing Orders:

• Infusion Reaction Protocol (CPOE-1396) will be activated if any hypersensitivity reaction occurs, including anaphylaxis. Infusion will be stopped and physician notified.

Physician Signature: _____ Date: _____

Physician Name: _____ Phone: _____

Pre-Screening Requirements:

- Provide positive autoantibody results (Anti-dsDNA, ANA, Anti-RNP, Anti-Smith)

Previous Therapies:

- For new patient referrals, please send history and physical and most recent physician note with completed plan
- If patient has previously received belimumab at another facility, please provide last date received: _____
- If patient has previously received another therapy (rituximab or cyclophosphamide), please provide the name: _____ and the last date received: _____

Insurance/Authorization Information:

Insurance Type: _____

Insurance Authorization Reference Number: _____

Date Obtained: _____ Authorization Valid Until: _____

Additional Notes: _____

Fax completed Treatment Plan with authorization information to McLeod Infusion Services at the number below or call with any questions.

Florence: 843-777-6001 (Fax)

843-777-4655 (Phone)