Place Sticker Here

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.

Seacoast: 843-366-2224 (Fax)

843-366-3626 (Phone)