

# Benlysta (belimumab)

Provider Order Form rev. 5/20/2022



www.vascoinfusion.com  
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## PATIENT INFORMATION

Patient Name:		DOB:	
Patient Phone:		Patient Email:	
NKDA	Allergies:	Weight lbs/kg:	Height:
<b>Patient Status:</b>	New to Therapy	Continuing Therapy	Therapy Change
	Next Due Date (if applicable):		

## PROVIDER INFORMATION

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

## DOCUMENTATION (REQUIRED)

Labs	Insurance Card (front and back)	Current Medications	History/Progress Notes
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### ICD-10 CODE

M32.9 Systemic lupus erythematosus (SLE)  
 M32.14 Lupus Nephritis  
 Other: \_\_\_\_\_

### PRE-MEDICATION ORDERS

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

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

### SPECIAL INSTRUCTIONS

### MEDICATION ORDER

#### Benlysta (belimumab) - IV infusion

Dose: 10mg/kg= \_\_\_\_\_mg IV

Frequency: Initiation therapy: week 0, 2, 4 then every 4 weeks thereafter  
Maintenance therapy: Every 4 weeks

#### Benlysta (belimumab) - SC Injection

Dose: 200mg SC  
400mg SC for 4 doses then 200mg SC thereafter

Frequency: once weekly

Order Expiration Date (mm/dd/yy): \_\_\_\_\_  
(If not indicated order will expire one year from date signature)

Provider Name (Print)	Provider Signature	Date
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Check here if this is a stat order