vitalcare INFUSION SERVICES of SIOUX FALLS

1020 S Cliff Ave., Sioux Falls, SD 57104
P / 605-220-7824 · F / 605-220-7980
www.vitalcaresiouxfalls.com

BENLYSTA (BELIMUMAB) INFUSION ORDERS

****REQUIRED INFORMATION****

- ☐ This signed order form from the provider
- ☐ Patient demographics & insurance information
- ☐ Clinical/Progress Notes, Labs, Tests supporting primary diagnosis
- ☐ ANA Test

Patient Name:	**DOB:**
Allergies:	**Patient Phone:**

Diagnosis: ☐ Systemic Lupus Erythematosus (ICD-10 Code: _____)

J Code: J0490

BENLYSTA ORDERS

Patient Weight: _____kg

☐ Benlysta 10mg/kg in 250mL of NS IV over 60 minutes

Frequency: ☐ Induction - 0, 14 days, 28 days ☐ Every 28 days

Protocol Pre-Medication Orders: ☐ Tylenol 1000mg PO, *please choose one antihistamine:*
- ☐ Cetirizine 10mg PO
- ☐ Diphenhydramine 25mg PO
- ☐ Loratadine 10mg PO

Additional Pre-Medication Orders:
- ☐ Solu-Medrol _____mg IVP
- ☐ Solu-Cortef _____mg IVP

Additional Instructions:

Physician Name:	**Phone:**	**Fax:**
****Physician Signature:**	**Date:**	