



PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____ Sex: M F Ht: _____ Wt: _____ lbs kg
 Primary Language: _____ Allergies: _____

<ICD 10 CODE REQUIRED>

DIAGNOSIS & CLINICAL INFORMATION

ICD 10 Code (PROVIDE COMPLETE CODE, if applicable)

- M32.10 Systemic Lupus Erythematosus, Organ or System Involvement Unspecified
- M32.15 Tubulo-interstitial Nephropathy in Systemic Lupus Erythematosus
- Other: _____

REQUIRED: Demographics & Most Recent: H&P, clinical notes, lab results & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy

LAB RESULTS: Positive autoantibody results: i.e. Anti-dsDNA, Antinuclear Antibody (ANA), Anti-Smith

PRESCRIPTION

Pre-Medications

- Acetaminophen: 650 mg PO
- Cetirizine 10 mg PO
- Dexamethasone: _____ mg IV
- Diphenhydramine: 25 mg PO
- Diphenhydramine: 25 mg IV
- Other: _____
- Acetaminophen: _____ mg PO
- Famotidine: _____ mg IV
- Loratadine 10 mg PO
- Methylprednisolone: _____ mg IV
- Ondansetron: 4 mg IV

Lab Orders

- CBC w/diff: every _____ weeks month
- CMP: every _____ weeks month
- Other: _____

Benlysta (belimumab)

Loading Dose (SELECT ONE)

- IV: infuse 10 mg/kg at Week 0, 2, and 4

Maintenance Dose (SELECT ONE)

- IV: infuse 10 mg/kg every 4 weeks x 1 year

Is the patient on any other disease modifying therapy? Yes No

If yes, please note therapy and last dose: _____

Adverse Events: In the event of an adverse reaction occurring at Oregon Specialty Infusion clinic, OSI will utilize their adverse reactions protocol

PRESCRIBING INFORMATION

Prescriber Name: _____ Signature: _____
 Date: _____ NPI #: _____ Specialty: _____
 Office phone #: _____ Office Fax #: _____