

McLeod Health

Belimumab (Benlysta) Treatment Plan

Patient Name: _____ DOB: _____

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

Patient Primary Phone Number: _____

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 Information:

Insurance Plan Name: _____

Insurance Identification Number: _____

Insurance Customer Service Contact Number: _____

Preferred Treatment Location

- McLeod Regional Medical Center (Florence) McLeod Health Loris McLeod Health Cheraw
 McLeod Health Seacoast (Little River) McLeod Health Dillon McLeod Health Clarendon (Manning)

Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at medicationaccessteam@mcleodhealth.org.