Troy Infusion Center
600 W Main Street
Suite 120
Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629

Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
Fax: 937-401-6629

Benlysta® (belimumab) Order Form

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** _____

Patient Weight _____ **lbs / kg**

Rx:

Induction:

☐ IV Benlysta® 10mg/kg every 2 weeks x 3 doses, then every 4 weeks thereafter

Maintenance:

☐ IV Benlysta® 10 mg/kg every 4 weeks or ☐ Benlysta® _____ mg every 4 weeks

Order good for: ☐ **6 months** ☐ **1-year** **Other duration:** _____

Pre-meds: given at each infusion (optional)

☐ Tylenol 1000 mg po or ☐Tylenol 650 mg po

☐ Benadryl ____ mg po or ☐ Benadryl _____ mg IV

☐ Solumedrol _____ mg IV

☐ Other: _____

Other comments:_____

Port/PICC care per protocol will be performed if applicable including heparin flush (500 units/5mL) and cathflo (2 mg) PRN for patients with a port

Prescriber Printed Name:_____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____