

## Infusion Order Form

### Patient Information:

Patient Name

DOB

Phone Number

### Medical Information:

Primary Diagnosis:

☐ Systemic lupus erythematosus (SLE)

ICD-10 Code: M32.9

☐ Lupus Nephritis

ICD-10 Code: M32.14

☐ Other \_\_\_\_\_

ICD-10 Code: \_\_\_\_\_

Allergies: \_\_\_\_\_ (or attach list)

### Clinical Information – Please include with Completed Order Form:

- Patient Demographic and Insurance Information
- Clinical notes supporting primary diagnosis
- Medication List
- Required Information:
  - ANA Screening Results

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

### Benlysta (belimumab) Orders:

☐ Initial Dose: Administer 10 mg/kg (\_\_\_\_\_ mg) IV on Week 0, Week 2, Week 4 for a total of 3 doses

☐ Maintenance Dose: Administer 10 mg/kg (\_\_\_\_\_ mg) IV every 4 weeks for a total of 12 months

### Pre-Medication Orders:

☐ Acetaminophen 650 mg PO

☐ Cetirizine 10 mg PO

☐ Diphenhydramine 50 mg IV

☐ Loratadine 10 mg PO

☐ Other: \_\_\_\_\_

Lab Orders: \_\_\_\_\_

### Prescriber Information:

By signing this form and requesting these services from Revitalize, I authorize Revitalize and it's clinical team to serve as my Prior Authorization Agent with the Patient's Insurance Provider(s).

Prescriber's Signature

Date

Prescriber's Printed Name

Contact Phone #:

For Information About Revitalize and or Infusion Plus, please scan the QR code below:



Revitalize



Revitalize Locations



InfusionPlus

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