

BENLYSTA (belimumab) infusion orders

Patient Name _____

DOB _____

Phone _____

M _____

F _____

DIAGNOSIS *Please provide ICD-10 code*

Systemic Lupus Erythematosus

(other)

PRE-MEDICATION

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

(other)

(other)

BENLYSTA ORDERS

DOSAGE	PATIENT WEIGHT
10 mg/kg IV	lbs.
FREQUENCY	kg
Dose at weeks, 0,2, and 4, then every 4 weeks	
Dose every 4 weeks	

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____

Phone _____

Fax _____