

## 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  
Quzyttir 10mg IVSP over 1-2 min

Solu-Medrol 125mg IVP  
Solu-Cortef 100mg IVP  
Diphenhydramine 25mg IVP

(other)

**BENLYSTA ORDERS**

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

**NOTES**

**ORDERING PROVIDER**

Signature **X** \_\_\_\_\_ Date

Provider Phone Fax