

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

DOSAGE

10 mg/kg IV

PATIENT WEIGHT

lbs.

FREQUENCY

Dose at weeks, 0,2, and 4, then every 4 weeks

Dose every 4 weeks

kg

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider

Phone

Fax