



249 Danbury Road, Wilton, CT 06897

400 Columbus Ave, Valhalla, NY 10595

(belimumab)

BENLYSTA infusion orders

Patient Name

DOB

Phone

M

F

DIAGNOSIS *Please provide ICD-10 code*

Systemic Lupus Erythmatosus

(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

10mg/kg IV

PATIENT WEIGHT

lbs.

kg

FREQUENCY

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

Dose every 4 weeks

NOTES
ORDERING PROVIDER
Signature X _____ Date

Provider

Phone

Fax