



(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