

(belimumab)

BENLYSTA infusion orders

Patient Name _____ DOB _____

Phone _____ M F

DIAGNOSIS Please provide ICD-10 code

_____ Systemic Lupus Erythematosus

_____ (other)

PRE-MEDICATION

Tylenol 1000mg IV

Diphenhydramine 25mg IV

Cetirizine 10mg IV

_____ (other)

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

_____ (other)

BENLYSTA ORDERS

DOSAGE

10 mg/kg IV

FREQUENCY

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

Dose every 4 weeks

PATIENT WEIGHT

_____ lbs.

_____ kg

NOTES

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____