

Benlysta (Belimumab) Infusion Orders

Required Information:

- This signed order from the provider
- Patient demographics and insurance information
- Clinical/Progress notes, labs, tests supporting primary diagnosis
- ANA test

Patient Name:	DOB:
Allergies:	Patient Phone:

Patient weight: _____ kg

Diagnosis:

- Systemic Lupus Erythematosus (ICD-10 Code: _____)

J Code: J0490

<p>Benlysta 10 mg/kg in 250 ml of NS IV over 60 minutes Frequency: Induction 0, 14 days, 28 days Every 28 days Protocol Pre-medication Orders:</p> <ul style="list-style-type: none"><input type="radio"/> Tylenol 1000 mg PO<input type="radio"/> Diphenhydramine 25 mg PO <p>Additional Pre-medication Orders (select one if indicated for patient):</p> <ul style="list-style-type: none"><input type="radio"/> Solu-Medrol _____ mg IVP<input type="radio"/> Solu-Cortef _____ mg IVP
Additional Instructions:

Physician Name:	Phone:	Fax:
Physician Signature:	Date:	