

**BENLYSTA (BELIMUMAB)  
INFUSION ORDERS**

**\*\*REQUIRED INFORMATION\*\***

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis
- ANA Test

|                      |                       |
|----------------------|-----------------------|
| <b>Patient Name:</b> | <b>DOB:</b>           |
| <b>Allergies:</b>    | <b>Patient Phone:</b> |

**Diagnosis:**  Systemic Lupus Erythematosus (ICD-10 Code: \_\_\_\_\_)

**J Code: J0490**

**BENLYSTA ORDERS**

Patient Weight: \_\_\_\_\_ kg

Benlysta 10mg/kg in 250mL of NS IV over 60 minutes

Frequency:  Induction - 0, 14 days, 28 days     Every 28 days    \*Refills \_\_\_\_\_

Protocol Pre-Medication Orders:  Tylenol 650mg PO, *please choose one antihistamine:*

- Cetirizine 10mg PO
- Diphenhydramine 25mg PO
- Loratadine 10mg PO

Additional Pre-Medication Orders:  Solu-Medrol \_\_\_\_\_ mg IVP  
 Solu-Cortef \_\_\_\_\_ mg IVP

Lab Order: \_\_\_\_\_

**Additional Instructions:**

|                               |               |             |
|-------------------------------|---------------|-------------|
| <b>Physician Name:</b>        | <b>Phone:</b> | <b>Fax:</b> |
| <b>**Physician Signature:</b> | <b>Date:</b>  |             |