

Benlysta (Belimumab) Order Form – J0490

Patient Name: _____ DOB: _____

Diagnosis: _____ Diagnosis Code: _____

Height: _____ (cm) Actual Weight: _____ (kg) Allergies: _____

Premedications- Administered prior to Benlysta

- None
 Acetaminophen 1000mg PO
 Diphenhydramine 50mg IV

Dosing for Systemic Lupus Erythematosus (SLE)

IV Initial: 10mg/kg every 2 weeks for 3 doses. Total dose _____ mg.

Vial sizes are 400mg and 120mg. Please round to appropriate vial size.

Initial dose day 15 day 29

IV Maintenance: 10mg/kg every 4 weeks. Total dose _____ mg.

Vial sizes are 400mg and 120mg. Please round to appropriate vial size.

Orders valid through ____ / ____ / ____

SQ dosing not available at NECS

* In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name: _____

Provider Signature: _____ Date: _____

Phone: _____ Fax: _____ Pager: _____