NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

Benlysta (Belimumab) Order Form—J0490

Patient Name | Middle | Last | 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