



6415 Fort Apache Road, Suite #175
Las Vegas, NV 89148
Phone: 702-665-5730
Fax: 702-780-4887

BENLYSTRA (belimumab) infusion orders

Patient Name: _____ Date of Birth: _____
Address: _____ Phone Number: _____
Gender: _____ Height: _____ Weight: _____ (lb/kg)

Diagnosis

- _____ Systemic Lupus Erythematosus
- _____
- _____
- _____
- _____

Pre-Medication

- Tylenol 1000mg PO
- Cetirizine 10mg PO
- Diphenhydramine 25mg PO
- Solu-Medrol 125 IVP
- Solu-Cortef 100mg IVP
- Diphenhydramine 25mg IVP
- _____
- _____

Orders

<input type="radio"/> 10 mg/kg IV
<input type="radio"/> Dose at weeks, 0, 2, and 4, then every 4 weeks
<input type="radio"/> Dose every 4 weeks
_____ Refills

Notes

Ordering Provider

Signature: _____ Date: _____
Provider: _____ Phone: _____ Fax: _____
Address: _____
NPI: _____ DEA: _____