



Prestige Infusions
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BENLYSTA

(belimumab)

Patient Name
 Phone

DOB
 M F

DIAGNOSIS *Please provide ICD-10 code*
 Systemic Lupus Erythmatosus
 (other)

PRE-MEDICATION

Tylenol 1000mg PO
 Diphenhydramine 25mg PO
 Cetirizine 10mg PO

Solu-Medrol 125mg IVP
 Solu-Cortef 100mg IVP
 Diphenhydramine 25mg IVP

(other)

(other)

BENLYSTA ORDERS

DOSAGE	PATIENT WEIGHT
10mg/kg IV	lbs.
	kg
FREQUENCY	
Dose at weeks 0, 2, and 4, then every 4 weeks	
Dose every 4 weeks	

NOTES

ORDERING PROVIDER

Signature X _____ Date

Provider Phone Fax