



Patient Name: _____
 DOB: _____
 Date of Last Infusion _____
 Insurance: _____

Clinic Location:
 Merrimack, NH
 Concord, NH

Belimumab (Benlysta®) Infusion Orders

Diagnosis (please provide ICD-10 code in space provided):

_____ Systemic lupus erythematosus _____ Other: _____
(ICD-10) (ICD-10)

- Hold infusion and notify provider for
 - Abnormal vital signs
 - Signs or symptoms of illness or active infection
 - Planned/recent surgical procedures
 - Recent live vaccinations
 - New/worsening neurological symptoms
 - New/worsening depression or suicidal ideation
- Record vital signs before infusion, then every 30 minutes until patient discharge.
- If infusion-related reaction occurs, stop infusion follow Hypersensitivity Reaction Management Protocol as clinically indicated.

Pre-medications (to be administered once prior to infusion, no wait period required):

- | | |
|---|--|
| <input type="checkbox"/> Tylenol 500 mg orally | <input type="checkbox"/> Loratadine 10 mg orally |
| <input type="checkbox"/> Benadryl 25 mg orally | <input type="checkbox"/> No pre-medications |
| <input type="checkbox"/> Solu-medrol 125 mg IVP | <input type="checkbox"/> Other: _____ |

Administer belimumab 10 mg/kg x (current weight) _____ kg = _____ mg in 250 mL 0.9% sodium chloride over a period of at least 60 minutes.

Dose may be rounded by up to 10% to nearest vial size per protocol. To PROHIBIT dose rounding, check here ().

Observation Period:

- Following first two infusions, monitor patient for post infusion-observation period of one hour.
- For all subsequent injections, monitor patient for 30 minutes.
- Record vital signs prior to discharge.

Frequency (chose one):

- On Week 0, Week 2, Week 4, then every 4 weeks
- Every 4 weeks
- Every _____ weeks

Additional Orders:

Provider name (print): _____ Date: _____

Provider signature: _____ Time: _____