



Patient Name: _____

DOB: _____

Benlysta® (belimumab) Infusion Orders

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

_____ Systemic lupus erythematosus
(ICD-10)

_____ Other: _____
(ICD-10)

Nursing Orders:

- 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 or mood changes
- Document measured weight at each appointment.
- 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):

Tylenol 500 mg PO

Loratadine 10 mg PO

Benadryl 25 mg PO

Solu-medrol 125 mg IVP

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 three treatments, monitor patient for 60 minutes post-infusion.
- For all subsequent treatments, monitor patient for 30 minutes post-infusion.
- 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

Provider (please print): _____

Provider signature: _____ Date: _____