

**Benlysta Infusion Order** (Revised 8/9/21)

**Instructions to Provider:** All orders with  will be placed unless otherwise noted. Please fax completed order, along with referral form.

**Required Lab Results:** Prior to first infusion Hep B Profile and PPD/Quantiferon Gold (If outside of Atrium, please fax with order, required prior to scheduling)

**Infusion Therapy:**

Benlysta (belimumab) **10mg/kg** IV over 1 hour ICD 10 code: \_\_\_\_\_

**Frequency:** weeks 0, 2, and 4, then every \_\_\_\_\_ weeks (Loading and Maintenance) **OR**

**Frequency:** every \_\_\_\_\_ weeks (Maintenance)

**Pre-Meds: (Administer 30 minutes prior to Benlysta)**

Acetaminophen \_\_\_\_\_ mg PO x 1

Benadryl \_\_\_\_\_ mg PO or \_\_\_\_\_ mg IV x 1 (if applicable, only choose ONE)

Loratadine 10mg PO x1

Zofran \_\_\_\_\_ mg IV x 1

SoluMedrol \_\_\_\_\_ mg IV x 1

Normal Saline 0.9% \_\_\_\_\_ mL bolus x 1

**Additional Orders:**

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**PRN Meds:**

Zofran 4mg IV every 3 hours PRN nausea/vomiting

Ibuprofen 800mg PO every 8 hours PRN pain

**Special Instructions:**

- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.
- Instruct the patient to call the referring provider's office if patient develops headache, nausea, itching, fatigue, or fever.
- Hold for temperature > 100oF, patient complains of acute viral or bacterial illness, or patient is taking antibiotics for current infection.

**Infusion Monitoring:**

- Obtain vital signs pre- and post-infusion. Obtain vital signs PRN during infusion.
- Monitor for signs of reaction for 30 mins after completion of 1<sup>st</sup> infusion and subsequent infusions PRN if previous signs of reaction observed

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (Order valid for 1 year)

Patient Name:

DOB:

MRN: