

Pediatric Benlysta Infusion Order (Revised 09/21/21)

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 and PPD/Quantiferon Gold (fax with order, required prior to scheduling)

Infusion Therapy:

Benlysta (belimumab) _____ mg IV over 60 minutes **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*)

Zofran _____ mg IV x 1

SoluMedrol _____ mg IV x 1

EMLA cream PRN prior to IV start

Anaphylaxis Medications:

Epinephrine (1:1000) _____ mg SQ/IM; may be repeated after 5mins

SoluMedrol _____ mg IV

Benadryl _____ mg IV

Additional Orders:

Special Instructions:

- Labs: **CBC with diff, ESR, CRP, CMP** Frequency: **with every infusion**
- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.
- Do not administer if patient has a temperature greater than 100°F, complains of symptoms of acute viral or bacterial illness, or if patient is taking antibiotics for current infection.
- Instruct the family to call the office if patient develops headache, nausea, itching, fatigue or fever.

Physician Name: _____

Physician Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: