

Place patient identification  
sticker here

**DOCTOR'S ORDER SHEET –  
PHARMACY – BENLYSTA (belimumab)**

Allergies:  NKA

Height \_\_\_\_\_ Weight \_\_\_\_\_ kg

\*\*\*\*UNAPPROVED ABBREVIATIONS\*\*\*\*

QD, QOD, MgSO<sub>4</sub>, MSO<sub>4</sub>, MS, IU, U or -u, ug, Use of a Trailing Zero (X.0mg), Lack of a Leading Zero ( Xmg)

DATE	TIME	ORDERS	NURSE SIGNATURE
		Assign to Outpatient status	
		<b>PREMEDICATIONS:</b>	
		0.9% sodium chloride (NS) IV at KVO	
		<input type="checkbox"/> No pre-medications necessary	
		<input type="checkbox"/> diphenhydrAMINE _____ mg IV x1 dose 30 mins prior to infusion	
		<input type="checkbox"/> diphenhydrAMINE _____ mg PO x 1 dose 30 mins prior to infusion	
		<input type="checkbox"/> acetaminophen 650mg PO x 1 dose 30 mins prior to infusion	
		<b>MEDICATION:</b>	
		Benlysta (belimumab) in 0.9% NS 250ml IV infusion	
		<b>Dose:</b> 10mg/kg = _____ (round to the nearest combination of vial sizes: 400mg & 120mg)	
		<b>Route:</b> Intravenous	
		<b>Frequency:</b> Every 2 weeks x 3 doses, then every 4 weeks thereafter	
		<b>Infusion Duration:</b> 60 minutes	
		<b>If infusion-related reaction:</b>	
		1.) STOP infusion immediately;	
		2.) Increase 0.9% sodium chloride (NS) infusion to wide open rate;	
		3.) Administer PRN medications per infusion reaction medication ordered;	
		4.) Call Max Cart;	
		5.) Notify MD	
		<b>INFUSION REACTION MEDICATIONS:</b>	
		Albuterol inhalation nebulizer solution 2.5mg/0.5 ml (concentrated solution) Note: dilute with 2.5 ml q NS for an albuterol 2.5 mg/3ml dose	
		Dose: 2.5 mg via nebulizer as needed for shortness of breath/wheezing	
		diphenhydrAMINE injectable	
		Dose: 25 mg IV x 1 dose for urticarial, pruritus, shortness of breath. May repeat in 15 minutes if symptoms not resolved	
		EPINEPHrine 1mg/ml (1:1000) injectable	
		Dose: 0.3 mg IM x 1 dose as needed for anaphylaxis	
		MethylPREDNISolone sodium succinate 125 mg injection	
		Dose: 125 mg IV x 1 dose as needed for hypersensitivity	
		<b>NURSING ORDERS:</b>	
		• Weight should be recorded at every visit. Notify physician if weight changed 10% or greater from baseline	
		• Ensure patient has had TB test prior to start of treatment	
		• Ensure patient has not received MMR vaccine (measles, mumps, rubella vaccine), Rotavirus vaccine, Smallpox vaccine, YF-Vax (Yellow Fever) vaccine, MMRV (measles, mumps, rubella, and chickenpox) vaccine, or chickenpox vaccine within the past 3 months (Document in Meditech Intervention) within 30 days prior to receiving belimumab	
		• Flush belimumab tubing with ONLY 0.9% NS (never D5W). Do not infuse any other agents in the same line	
		• Do not administer belimumab and notify provider if patient has a temperature >100°F, complains of symptoms of acute viral or bacterial illness, or if patient is taking antibiotics for current infection	
		• Monitor patient for signs/symptoms of hypersensitivity during infusion and for 30 mins post-infusion	
		• Discontinue IV line when therapy complete and patient stabilized	

REFERENCES: Benlysta Prescribing Information

USE BALL POINT PEN FAX TO PHARMACY

\_\_\_\_\_  
Qualified Medical Provider signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

