



# Oregon Medical Group Infusion Center

1007 Harlow Road, Springfield, Oregon 97477

Phone: 541-741-0387 Fax: 541-242-4634

## Belimumab (Benlysta) Orders

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

1. Vital signs: Initial, PRN
2. Peripheral IV site with saline lock, may use existing PICC line or port-a-cath if available.
3. Infuse Belimumab 10 mg/kg IV in 250mL 0.9% normal saline over 60 minutes every 2 weeks for the first 3 doses, then every 4 weeks.
4. Pre-medications to be given 30 minutes prior to infusion

OMG Infusion Center Pre-Medication Protocol

**OR**

Administer the following routine pre-medications prior to each infusion

Acetaminophen (Tylenol) 650 mg PO

Antihistamine (Select one)

Diphenhydramine (Benadryl) 25 mg PO

Diphenhydramine (Benadryl) 25 mg IV infusion over < 10 mins

Loratadine (Claritin) 10 mg PO

Methylprednisolone (Solu-Medrol) 40 mg IV infusion over < 10 min, not to exceed 50 mg/min

Methylprednisolone (Solu-Medrol) 100mg IV infusion over < 10 min, not to exceed 50mg/min

Ondansetron 4 mg IV **OR**  Ondansetron 8 mg IV

Other: \_\_\_\_\_

5. For infusion reaction (**Must select one to be considered a complete order**)

Acute Infusion Reaction Protocol

Other \_\_\_\_\_

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

(NO PROVIDER STAMPS)

(Orders expire after 365 days)

Provider's Printed Name: \_\_\_\_\_ Time: \_\_\_\_\_