3-Hole 1/4 1 3/8 c-to-c

BELIMUMAB [BENLYSTA] ORDER SHEET

Orders Provider

Please mark appropriate boxes, No Orders Will Be Activated If Not Clearly Indicated

*Ht _____ cm
*Wt_____kg
*M² _____

Diagnosis: _____

Allergies: _____

Laboratory Testing: (to be performed with each Benlysta administration)

- ❑ CBCANC (automated differential) ❑ CMP ❑ ESR ❑ C-RP
- ❑ Other: _____

Pre-Medication Orders:

Circle Dosage & Route of Administration

❑ Acetaminophen [TYLENOL]	650 mg	1000 mg	P.O.
❑ Diphenhydramine [BENADRYL]	25 mg	50 mg	P.O. **or** IVP (either unless specified)
❑ Cimetidine [TAGAMET]	400 mg	_____ mg	P.O.
❑ Fexofenadine [ALLEGRA]	180 mg	_____ mg	P.O.

Note: Do not give Allegra™ if patient is pregnant and less than 12 weeks gestation

- ❑ No Pre-Medications

Belimumab (Benlysta) dose: __10__ mg/kg (standard dosing) or _____mg

Frequency:

- ❑ Std Starting Regimen: Initial dose; 2nd dose at 2 weeks from initial dose; 3rd dose 4 weeks from initial dose & then every 4 weeks until changed or canceled.
- ❑ Patient has already completed starting regimen, give _____ mg every _____ weeks

Administration

- ❑ **Follow Current Protocol** (Manufacturer's Guidelines)
  Infuse over 1 hour
- ❑ **Other**: _____

Required Entry: (Check One)

- ❑ Call me for management of Medication Reactions (M.D. Phone Number): _____

OR

- ❑ Have Infusion Center Physician manage any medication reactions, including PRN medications

Signature: _____
Printed Name/ID#: _____
Date: _____ Time: _____

Renewals or changes:

_____ Signature: _____ Date: _____ Time: _____
_____ Signature: _____ Date: _____ Time: _____
_____ Signature: _____ Date: _____ Time: _____
_____ Signature: _____ Date: _____ Time: _____

PATIENT IDENTIFICATION

PRESBYTERIAN
Presbyterian Infusion Center