

Belimumab (Benlysta)

Maintenance Every 4 Weeks

Belimumab 10 mg/kg every 4 weeks

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 358 days

Orders

	Interval	Defer Until	Duration
Provider Communication			
☒ Provider communication	Every 28 days		Until discontinued
Until discontinued Starting when released Until Specified			
Assess the risk of depression and suicide before treatment and continue to monitor patients during treatment.			
Labs			
☒ hCG, serum, qualitative	Every 28 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
Inclusion conditions: Patient could become pregnant			
☒ CBC and differential	Every 28 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Comprehensive metabolic panel	Every 28 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
Nursing Orders			
☒ Treatment conditions	Every 28 days		Until discontinued
Until discontinued Starting when released Until Specified			
Hold treatment and contact provider if patient has signs and symptoms of infection (fever, skin infection, need for antibiotics etc).			
☒ Nursing communication	Every 28 days		Until discontinued
Until discontinued Starting when released Until Specified			
Following infusion, monitor patient for signs and symptoms of reaction for 30 minutes.			
Pre-Medications			
☒ acetaminophen (Tylenol) tablet 650 mg	Every 28 days		Until discontinued
650 mg, oral, Once, Starting at treatment start time			
☒ diphenhydrAMINE (BENADryl) 50 mg	Every 28 days		Until discontinued
50 mg, oral, Once, Starting at treatment start time			
Give diphenhydramine if patient has transportation. Give either loratadine or diphenhydrAMINE, not both.			
☒ loratadine (Claritin) tablet 10 mg	Every 28 days		Until discontinued
10 mg, oral, Once as needed, Give loratadine if patient does NOT have transportation. Give either loratadine or diphenhydrAMINE, not both., Starting at treatment start time, Until Discontinued			

	Interval	Defer Until	Duration
Give loratadine if patient does NOT have transportation. Give either loratadine or diphenhydramine, not both.			
Therapeutic Medications			
☒ belimumab (Benlysta) IVPB 10 mg/kg 10 mg/kg, intravenous, Administer over: 1 Hours, Once, Starting 30 minutes after treatment start time	Every 28 days		Until discontinued
Medications			
☒ acetaminophen (Tylenol) tablet 650 mg 650 mg, oral, Once as needed, headaches, fever, chills, or malaise, Starting when released, Until Discontinued	Every 28 days		Until discontinued
☒ diphenhydramine (BENADryl) 25 mg 25 mg, oral, Once as needed, itching - 1st line, rash, Starting when released, Until Discontinued Give diphenhydramine if patient has transportation. Give either loratadine or diphenhydramine, not both.	Every 28 days		Until discontinued
☒ loratadine (Claritin) tablet 10 mg 10 mg, oral, Once as needed, For itching or rash if diphenhydramine is not given, Starting when released, Until Discontinued Give loratadine if patient does NOT have transportation. Give either loratadine or diphenhydramine, not both.	Every 28 days		Until discontinued
Emergency Medications			
☒ Nursing communication STAT, Until discontinued Starting when released Until Specified If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.	PRN		Until discontinued
☒ Vital Signs STAT, Every 15 min Starting when released If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.	PRN		Until discontinued
☒ Nursing communication Once Starting when released If hypersensitivity reaction occurs: - Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible - Start 2 liters oxygen per nasal cannula and maintain airway - Change and maintain IV line with 1000 mL 0.9% Normal Saline	PRN		Until discontinued
☒ sodium chloride 0.9 % infusion 30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg 2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol HFA 90 mcg/act inhaler 2 puff 2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL	PRN		Until discontinued
☒ acetaminophen (Tylenol) tablet 650 mg 650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydramine (BENADryl) injection 25 mg 25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydramine (BENADryl) injection 50 mg 50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued

	Interval	Defer Until	Duration
- OR -			
For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg	PRN		Until discontinued
0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose			
For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			

Appointment Requests

☒ Infusion Appointment Request	Every 28 days	Until discontinued
Status: Once, Expected: S, Sched. Duration: 120 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after		

*Provider signature	Provider printed name	*Date	Time

*Provider phone#

***Denotes field that must be completed by healthcare worker**