



Oregon Medical Group
Infusion Center
1007 Harlow Road
Springfield, Oregon 97477
Phone: (541) 741-0387
Fax: (541) 242-4634

Benlysta (Belimumab) Infusion Order

Name: _____

DOB: _____

Diagnosis: _____

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 Benlysta (Belimumab) 10mg/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-medicate with the following medication to help prevent hypersensitivity/allergic reactions (please check).
 Diphenhydramine (Benadryl) 25 mg PO or IV ___ with each infusion ___ PRN
 Acetaminophen (Tylenol) 650mg PO ___ with each infusion ___ PRN
 Solu-Medrol 40mg IV prior to infusion ___ with each infusion ___ PRN
5. For infusion/allergic reaction (itching, hives, low back pain, joint pain, bone pain)
 Slow or stop infusion.
 Diphenhydramine (Benadryl) 25mg in 9 mL saline slow IV push. May repeat X 1 if no pre-mediations.
 If reaction continues, give Solu-Medrol 40mg IV push now and repeat before every infusion.
 If reaction continues, consult MD.

Provider Signature: _____

Date: _____

Provider's Printed Name: _____

Time: _____