

Belimumab (BENLYSTA) Infusion Therapy Plan Orders

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Name: _____
Kaiser Permanente Member I.D. # _____
Date of Birth _____

Instructions to Provider

Review orders and note any changes. All orders with will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers page 2). Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

Please complete all of the following:

Pre-Service Authorization has been obtained by Kaiser Permanente **Fax:** 1-888-282-2685 **Voice:** 1-800-289-1363

Order Date: _____	Diagnosis: ICD-10 code (REQUIRED): _____
Weight: _____ kg	ICD-10 description _____

General Plan Communication

- Induction Schedule: Infuse belimumab at 0, 2, 4, then every 4 weeks.
- Special instructions/notes: _____

Provider Information

- Use with caution in patients with chronic infections.
- Live vaccines should not be given 30 days before or concurrently during treatment.
- Belimumab is not recommended to be used in combination with other biologics or IV cyclophosphamide.

Infusion Therapy

Belimumab (BENLYSTA) in 0.9% sodium chloride 250 mL IV infusion
Dose: 10 mg/kg = _____ mg (consider rounding to nearest combination of vial sizes: 400mg & 120 mg)
Route: Intravenous
Frequency: Every 2 weeks x 3 doses, then every 4 weeks thereafter.
Infusion Duration: 60 minutes

If infusion-related reaction:
 1) STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) Notify MD

Note any changes to above regimen: _____

Pre-Meds

- acetaminophen (TYLENOL) tablet
 Dose: 650 mg Route: Oral
 Frequency: Once PRN, 30 minutes prior to belimumab infusion IF patient had reaction to previous belimumab infusions.
- cetirizine (ZYRTEC) tablet
 Dose: 10 mg Route: Oral
 Frequency: Once PRN, at least 60 minutes prior to belimumab infusion IF patient had reaction to previous belimumab infusions.
- Other: _____
 Dose: _____ Route: Oral Frequency: Once, 30 minutes prior to belimumab infusion
- No routine pre-medications necessary. Above pre-meds may be given if patient has reaction and requires pre-medications for future doses.

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

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IV Line Care

- 0.9% sodium chloride infusion 250 mL
Rate: 30 mL/hr Route: Intravenous Frequency: Run continuously to keep vein open
Start peripheral IV if no central line
- heparin flush 100 unit/mL
Dose: 500 units Route: Intracatheter Frequency: PRN for IV line care per Nursing Policy

Infusion Reaction Meds

- albuterol (PROVENTIL) nebulizer solution 0.083%
Dose: 2.5 mg Route: Nebulization Frequency: PRN for shortness of breath/wheezing
- diphenhydrAMINE (BENADRYL) injectable
Dose: 25 mg Route: Intravenous Frequency: Once PRN, May repeat x1 for urticaria, pruritus, shortness of breath. May repeat in 15 minutes if symptoms not resolved.
- EPINEPHrine (EpiPen) 0.3 mg/0.3 mL IM Auto-Injector
Dose: 0.3 mg Route: Intramuscular Frequency: Once PRN for anaphylaxis. Inject into lateral thigh and hold for 10 seconds. Massage the injected area. Use for patients weighing greater than 27.3 kg (60 lbs). Use amp and 1.5 inch needle for patients with BMI greater than 30. Notify physician if administered.
- hydrocortisone sodium succinate (SOLU-CORTEF) injectable
Dose: 100 mg Route: Intravenous Frequency: Once PRN for hypersensitivity

Lab Review for Nursing

- Ensure baseline labs anti-nuclear antibody (ANA) and/or anti-double-stranded DNA (anti-dsDNA) have been drawn prior to initial treatment if provider has ordered.

Nursing Orders

- Weight should be recorded at least every 6 months or more frequently as appropriate. Notify physician if weight has changed 10% or greater from baseline.
- Do not administer belimumab and notify provider if patient has a temperature greater than 100 degrees F, complains of symptoms of acute viral or bacterial illness, or if patient is taking antibiotics for current infection.
- Flush belimumab tubing with ONLY with 0.9% sodium chloride (never D5W). Do not infuse any other agents in the same line.
- Monitor patient every 30 minutes during infusion and for 30 minutes after infusion for evidence of adverse reaction.
- Discontinue IV line 30 minutes after therapy complete and patient stabilized.

References

- Benlysta prescribing information.
- Med Guide

Kaiser Permanente Infusion Locations

Bellevue Medical Center

11511 NE 10th St, Bellevue, WA 98004

Fax: 425-502-3512 Phone: 425-502-3510

Capitol Hill Medical Center

201 16th Ave E, Seattle WA 98112

Fax: 206-326-2104 Phone: 206-326-3109

Everett Medical Center

2930 Maple St, Everett, WA 98201

Fax: 425-261-1578 Phone: 425-261-1566

Riverfront Medical Center – Spokane

W 322 North River Drive, Spokane, WA 99201

Fax: 509-324-7168 Phone: 509-241-2073

Silverdale Medical Center

10452 Silverdale Way NW, Silverdale, WA 98383

Fax: 360-307-7493 Phone: 360-307-7444

Tacoma Medical Center

209 Martin Luther King Jr Way, Tacoma, WA 98405

Fax: 253-383-6262 Phone: 253-596-3666

Olympia Medical Center

700 Lily Road N.E., Olympia, WA 98506

Fax: 360-923-7106 Phone: 360-923-7164

Provider Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____