SOMC Cancer Center & Infusion
Ph: (740) 356-7490
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Belimumab (Benlysta) Order Form

PATIENT & PRESCRIBER INFORMATION

Patient Name: ______________________________ DOB: ____________ Phone: (H) ________________ (C) ________________

Patient Address: ____

Ht.: _______ Wt.: _______ ☐lbs. ☐kg. Allergies: ____

Prescriber Name/Title: ________________________________ Address: ____

Phone: ______________________ Fax: ______________________ Prescriber NPI #: ___________________________________

REQUIRED: **Most Recent H&P, clinical notes, & medication list are required unless the patient is established with SOMC. Supporting clinical notes should include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.**

DIAGNOSIS, CLINICAL INFORMATION, & PRESCRIPTION

☒ **May substitute mandated or preferred biosimilar as necessary.**

☒ **Infusion rates will follow manufacturer recommendations.**

☒ **In the event of an adverse reaction, line maintenance/flushes, or O2 are required, the SOMC AIC established protocols will be utilized.**

☒ **0.9% NaCl 250 ml primary at KVO during infusion and for line flushing.**

☒ **Monitor for any adverse events post administration until clinically stable.**

Pre-Treatment Medications: (Check all that apply) **To be administered 30 minutes prior to each administration.**

☐ Acetaminophen (Tylenol) 650 mg by mouth x 1 dose

☐ 25 mg Diphenhydramine (Benadryl) ☐ PO

☐ Other (**Please Specify**) –____

AND

Diagnosis (Check all that apply)

☐ Active Systemic Lupus Erythematosus (SLE)

☐ Active Lupus Nephritis

Dose:

☐ **Initial Dose: Belimumab (Benlysta) 10 mg/kg weeks 0, 2, 4**

☐ **Maintenance Dose: Belimumab (Benlysta) 10 mg/kg every 4 weeks x 1 year**

Additional order(s)____

Lab order(s)

☐ **CBC**	☐ **at each dose**	**or**	☐ **every** _______
☐ **CBC w/ Diff**	☐ **at each dose**	**or**	☐ **every** _______
☐ **CMP**	☐ **at each dose**	**or**	☐ **every** _______

☐ **Other** – ____

PROVIDER:	**DATE:**	**TIME:**	**SIGNATURE:**

Southern Ohio Medical Center
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Created: 11/13/23	P & T Comm.
Reviewed & Approved	11/14/23
Next Review Date	11/14/25
Version	V11132023.0