



PHYSICIAN ORDER SET :
BELIMUMAB LOAD (Schedule Weeks 0, 2, 4)

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Patient: _____ DOB: _____ Gender: _____
Patient Phone #: _____ Height: _____ Weight: _____
Diagnosis: _____ ICD-10 Code: _____
Treatment Start Date: _____
Provider Facility Name: _____ Provider Facility Address: _____
Ordering Provider: _____ Date: _____
Signature: _____

Complete, Sign, and fax this document to: **CDH Central Scheduling at 413-582-2183**

Criteria to Treat

☐ **Criteria to Treat**

Verify that the patient has not received a live vaccine within the last 4 weeks. If this criteria is not met, review provider documentation that it is okay to proceed with infusion. If documentation not found, contact the provider.

Interval	Defer Until	Duration
Every 2 weeks		

Pre-Medications

☐ **acetaminophen (TYLENOL) tablet 650 mg**

650 mg, Oral, Once, Starting at treatment start time, For 1 dose. Administer at least 30 mins prior to principal medication

Interval	Defer Until	Duration
Every 2 weeks		3 treatments

☐ **diphenhydramine (BENADRYL) capsule 25 mg**

25 mg, Oral, Once, Starting at treatment start time, For 1 dose. HOLD IF: Given IV. Administer at least 30 mins prior to principal medication.

Every 2 weeks		3 treatments
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☐ **diphenhydramine (BENADRYL) injection 25 mg**

25 mg, Intravenous, Once as needed, Patient unable to tolerate PO, Starting when released, For 1 dose. HOLD IF: Given PO. Administer at least 30 mins prior to principal medication.

Every 2 weeks		3 treatments
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☐ **loratadine (CLARITIN) tablet 10 mg**

10 mg, Oral, Once, Starting at treatment start time, For 1 dose. Administer at least 30 mins prior to principal medication

Every 2 weeks		3 treatments
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<input type="checkbox"/>	methylprednisolone sodium succinate (PF) (SOLU-Medrol) injection 40 mg 40 mg, Intravenous, Once, Starting at treatment start time, For 1 dose. Administer at least 30 mins prior to principal medication.	Every 2 weeks	3 treatments
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Medications

	Interval	Defer Until	Duration
<input type="checkbox"/>	Belimumab (BENLYSTA) 10 mg/kg = _____ mg in sodium chloride 0.9% 250 mL IVPB Dose will be rounded to nearest 10 mg, Intravenous, Administer over 1 Hours, at 250 mL/hr, Once, Starting 30 minutes after treatment start time, For 1 dose	Every 2 weeks	3 treatments

Labs

	Interval	Defer Until	Duration
<input type="checkbox"/>	CBC and differential Routine, Once, Starting when released	Once	Until discont'd
<input type="checkbox"/>	Comprehensive metabolic panel Routine, Once, Starting when released	Once	Until discont'd
<input type="checkbox"/>	Complement C3 Routine, Once, Starting when released	Once	Until discont'd
<input type="checkbox"/>	Complement C4 Routine, Once, Starting when released	Once	Until discont'd
<input type="checkbox"/>	Double stranded DNA antibodies Routine, Once, Starting when released	Once	Until discont'd

Catheter Management

	Interval	Defer Until	Duration
<input type="checkbox"/>	Line Access Routine, Once Starting when released, Until Specified As needed. Until Specified. Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment	PRN	PRN
<input type="checkbox"/>	alteplase (CATHFLO) 1mg/mL injection 2 mg 2 mg, Intracatheter, As needed, line care, Starting when released. For central venous access device requiring clearance. May repeat once per lumen. For patients greater than 30 kg: 2 mg in 2 mL using a 10 mL syringe. For patient less than or equal to 30 kg: instill a volume equal to 110% of the internal lumen of CVAD, not to exceed 2 mg in 2 mL.	PRN	PRN
<input type="checkbox"/>	lidocaine-prilocaine (EMLA) cream Topical, As needed, apply prior to the PIV insertion or port access, Starting when released. For TOPICAL Use only. Allow at least 1 hour (mild dermal procedures) or at least 2 hours (major dermal procedures) for optimum therapeutic effect.	PRN	PRN
<input type="checkbox"/>	heparin (PF) 100 unit/mL flush 5 mL	PRN	PRN



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5 mL, Intravenous, As needed, line care, Starting when released

<input type="checkbox"/>	heparin (PF) 10 unit/mL flush 3 mL 3 mL, Intravenous, As needed, line care, Starting when released	PRN	PRN
<input type="checkbox"/>	heparin (PF) 10 unit/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Starting when released	PRN	PRN
<input type="checkbox"/>	heparin (PF) 1000 unit/mL catheter injection 2 mL 2 mL, Intracatheter, As needed, APHERESIS LINE CARE ONLY. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER, Starting when released	PRN	PRN
<input type="checkbox"/>	sodium chloride (NS) 0.9% syringe flush 3 mL 3 mL, Intravenous, As needed, line care, Starting when released.	PRN	PRN
<input type="checkbox"/>	sodium chloride (NS) 0.9% syringe flush 10 mL 10 mL, Intravenous, As needed, line care, Starting when released.	PRN	PRN
<input type="checkbox"/>	sodium chloride (NS) 0.9% syringe flush 20 mL 20 mL, Intravenous, As needed, line care, Starting when released.	PRN	PRN
<input type="checkbox"/>	sodium chloride 0.9% infusion 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released, For 24 hours	PRN	PRN
<input type="checkbox"/>	D5W infusion 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment Starting when released, For 24 hours	PRN	PRN

Emergency Medications/Anaphylaxis

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine, Once, Starting when released. Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.	PRN		PRN
<input type="checkbox"/> EPINEPHrine (ADRENALIN) injection 0.3 mg 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting when released For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 equivalent to 1 mg/mL	PRN		PRN
<input type="checkbox"/> sodium chloride 0.9% bolus 1,000 mL 1,000 mL, Intravenous, Once as needed, Hypotension, Starting when released, For 1 dose	PRN		PRN
<input type="checkbox"/> Oxygen Therapy – Non-Rebreather Routine Select a Mode of Therapy: Non-Rebreather Titrate Oxygen and use the most appropriate device to maintain Target Oxygen saturation during Activity/Titration: Yes Min SpO2 (%): 94	PRN		PRN

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Hypersensitivity

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine, Until discontinued, Starting when released, Until Specified Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medication as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		PRN
<input type="checkbox"/> albuterol (ACCUNEb) 2.5mg/3 mL (0.083%) nebulizer solution 2.5 mg 2.5 mg, Nebulization, Once as needed, wheezing, shortness of breath, Starting when released, For 1 dose	PRN		PRN
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 975 mg 975 mg, Oral, Once as needed, fever, Starting at treatment start time, For 1 dose	PRN		PRN
<input type="checkbox"/> diphenhydramine (BENADRYL) injection 25 mg 25 mg, Intravenous, As needed, itching hives or adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 2 doses Begin with 25 mg. If patient has continued reaction, administer additional 25 mg.	PRN		PRN
<input type="checkbox"/> famotidine (PEPCID) 20 mg in sodium chloride 0.9% 100 mL IVPB 40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose. To be administered along with H1 antihistamine and methylprednisolone.	PRN		PRN
<input type="checkbox"/> cetirizine (ZyrTEC) tablet 10 mg 10 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose. If patient unable to tolerate cetirizine, administer fexofenadine if available. HOLD IF: given fexofenadine.	PRN		PRN
<input type="checkbox"/> fexofenadine (ALLEGRA) tablet 180 mg 180 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose. Administer only if unable to tolerate cetirizine. HOLD IF: given cetirizine	PRN		PRN
<input type="checkbox"/> methylprednisolone sodium succinate (PF) (SOLU-Medrol) injection 40 mg 40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose. To be administered along with H1 antihistamine and methylprednisolone.	PRN		PRN
<input type="checkbox"/> ondansetron (PF) (ZOFran) injection 4 mg 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting when released, For 2 doses	PRN		PRN
<input type="checkbox"/> meperidine (PF) (DEMEROL) 50 mg/mL injection syringe 25 mg 25 mg, Intravenous, Once as needed, rigors, Starting when released, For 1 dose. Maximum MME/Day: Unknown for this order	PRN		PRN